MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07027 HEALTH DEPT. DECEASED-NAME First 20. DATE KNOWN Month Yeor (Type or Print) OF ESTI-3 to PM3. Poge C. Bartlett State Department of Earl DEATH MATED 19 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR puo last birthday) Male White April 25. YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Poges 1, the Chief Medical Examiner's Office along with form country) abama U. S. A. WIDOWED [ DIVORCED 3 Frederick 10. CITY OR TOWN OF DEATH after death 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR TI3 West South Street to land 2 with the Frederick 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b COUNTY Prederick pencil in Item 18. Frederick 113 W. South Street YES TO NO hours after 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME Lost Allison be executed within 24 James Bartlett pages hours Lou 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Frederick, Md. (Yes, no, or unknown) 09 9811 Mrs. Mary Simpson, 113 W. South St. burial-tronsit permit. File event within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for-(q), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), This certificate should the word DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 writing 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pe please execute the certificate, YES D NO [ 4 shauld be 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Page 3 should MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING DICAL EXAMINER: cremotian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE AT WORK AT WORK buriol, 220. I certify that I took charge of the remains described above, held an Autopsy For O FUNERAL DIRECTOR: Inspection . Inquiry ond in my opinian the funeral directar. be retoined death resulted fram: Natural causes X, Accident , Suicide , Hamicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER may Heolth Thomas, M. D. 812 Toll Houserstreet Frederick, Md. NAME (Type) 5 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURNEYAL (Specify) May 10, 1968 Mount Olivet Cemetery Frederick Md. Frederick M. ADDRESS Fadeley 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) M. R. Etchison & Son, Frederick, Md. DATE

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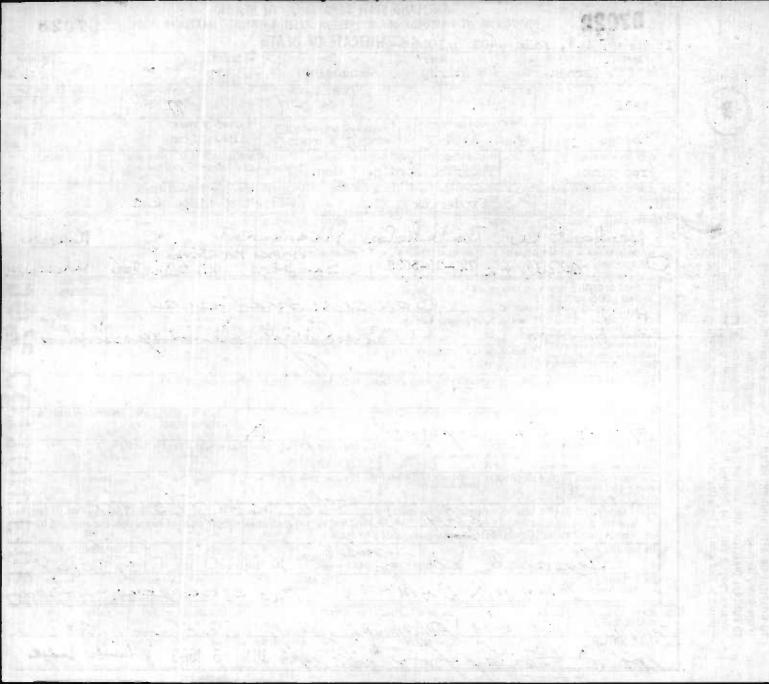
# 03022 Items #6 & 8, film G401 6/10 68CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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ICIAN: The point or at the trificate had for use af Health		AL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (Ente	er noture of injur	y in Port 1 or Port 2,	Item 18.)	
PHYSI he has this cer letache bept.		WE	21d. INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D. No.	o. City	or Town	County	Stote
TENDING ined by t DR: After auld be a			22a. I <b>certify</b> that (I) (this saw the deceased ali causes stated abave,	s haspital) attended the deceas ve on 57 (I) (we) (did) (did et) view the	ed from 5 / , 19≤ 19 and that in (my) (aur) ap bady after death.	inian death a	ccurred an the da	te and haur o	(I) (we) last and from the
ral OR AT ray be reta AL DIRECT page 3 sh e filed with			22b. SIGNATURE 7	onle com	DEGREE PHYS.	MED. DIRECTOR	STAFF D 22c.	DATE SIGNED	38
Po Po	1	,	22d. PHYSICIAN'S NAME (Type)	ANK DAN		ain	excloure	2 any	Tred.
Page 4 m TO FUNER director, shauld b		1		- 0	MICAL BRAND	Bak	N (City or Town)	(County)	(Stote)
VR A15 (4) 30M REV. 1/6	58	24.	FUNERAL DIRECTOR	Deley &	Fred Thomas JU	JN 5 1	25b. REGISTRAR'S	SIGNATURE Jo	uges "
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**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician ond completely filted in by director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers, Pashould be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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		22b. SIGNATURE	1	. Per	csse	, Si	1/2	ATTENDI EGREE PHYS.	4	MED. DIRECTOR	R ST.	AFF 22c.	DATE	GNED /	18
		22d. PHYSICIAN'S NAME (Type)	Dr.	A. A.	Pear	re-Sr.		22e. ADI	DRESS	tre	eder	ix M	d	//	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely fill director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon parentially be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within

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## MARYLAND STATE DEPARTMENT OF HEALTH

SION	OF	VITAL	RECORDS,	301	W.	<b>PRESTON</b>	STREET,	BALTIMORE,	MARYLAND	21201

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PART 2. OTHER SIGNIFICATION  190. DATE OF OPERATION  210. ACCIDENT WAS UN	ant	OITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  1									ERTIFYIN	1G
210. ACCIDENT WAS UP	YES NO STOCKED OF INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, In									)		

(If either, natify medical examiner ( AT HOME, FARM, STREET, FACTORY, ) OFFICE BUILDING, ETC. 21e. PLACE OF INJURY 21f. LOCATION City or Town County

21d. INJURY OCCURRED
While Not while

saw the deceased alive an <u>Adamy</u> 3-9-19 causes stated abave, (I) (we) (did) (did nat) view the bo	a tram	th accurred an t	he date and haur and fram the
2b. SIGNATURE	ATTENDING MED	CTAFF	22c. DATE SIGNED

ı	Maria	year 2	me DEGREE	PHYS.	DIKECTOR - PHYS	56
	22d. PHYSICIAN'S NAME (Type)	homas s	TONE M.D.	22e. ADDRESS	rederila,	mp
4	RURIAL CREMATION	23h DATE	23c NAME OF CEMETERY OR CRE	MATORY	23d LOCATION (City or Town)	(County)

REMOVAL (Specify)

R. Etchison & Son, Frederick,

Frederick Frederick REGISTRAR 25a. REC'D BY 2Sb. DATE JUN 1968

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18. Give e alang y	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Maryland 13b. COUNTY Howard Elkridge 13d. MSIDE CITY UMITS? 13d. M											Lane					
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INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, shauld be forwarded to the Chief Medical Examiner's Office along with form filles.  3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State De cation, ar remaval, and in any event within 72 haurs after death.		PART I. D  A 4 1. 4  Conditions, if o  rise to immed	1	D BY: ATE CAUSE (o), DUE TO	Fract, OR AS A COLOR CRUSh	ure NSEQUENC Led NSEQUENC	d sk ches		ltij							APPROXIMATE BETWEEN ONSET	
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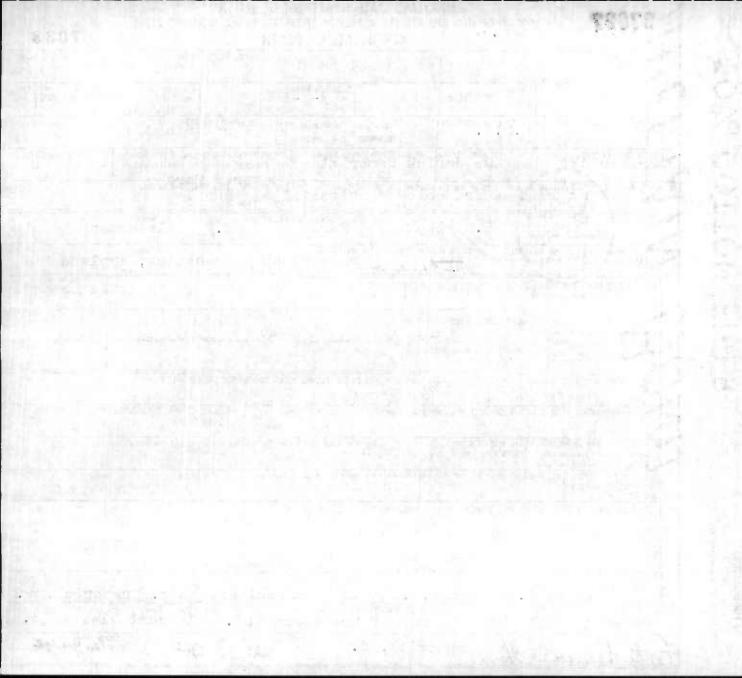
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	(1	ECEASED-NAME Fin	Gariield				y 27 Yeor 68 <sup>2b. HOU</sup>
	3. SI	male	4. RACE white	S. DATE OF BIRT	1882	6. AGE (In years last birthday) 86 YRS.	IF UNDER 1 YEAR IF UNDER 24 HOURS N
		BIRTHPLACE (State or foreign ntry) Mary Land	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED   DIVORCE		of DEATH derick	
7		city or town of DEATH Frederick	give litrat domain 12. C.K.		during most of worki	ON (Kind of work done ng life, even if retired.) STREE, AND NUMBER	12b. KIND OF BUSINESS OR INDUSTRY
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1		FATHER'S NAME First Mart			DEN NAME First	Alexa	nder
ì		. WAS DECEASED EVER IN U.S. A Yes, (10), (1) unknown) (If yes giv	ve war ar dates of service)	(NO. 17. INFORMANT Ernie F	Look Bri	unswick, Ma	aryland
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1	CERTIFICATION		7b. CONDITION FOR WHICH OPERATION WAS PI	YES 🗆	NO CAU	ISES OF DEATH?	CONSIDERED IN CERTIFYING
	MEDICAL CE	210. ACCIDENT WAS UNDERLY  OR CONTRIBUTING CAUSE OF D  (If either, notify medical exor	DEATH HOUR A.M. Month Doy Yeor miner) P.M.	r 19		njury in Port 1 or Port 2,	Item 18.)
	ME	While Not while at work	Te. PLACE OF INJURY (AT HOME, FARM, STREET, FA		2 - /-	City or Town	County State
		sow the deceased	(this hospitol) ottended the deceos olive on	1968, and that in (my)	(our) opinion deot	h occurred on the de	ote and hour and from
		22b. SGNATURE	B. Thomas	DEGREE ATTENDING PHYS.	DIRECTOR L	STAFF PHYS. 22c.	DATE SIGNED
1	1	IAME (Type) Jame		Pro	fessional		rederick, Md
)	1	REMOVAL(Specify)	5/29/68 Church	r CEMETERY OR CREMATORY h of Brether	an Cem.	ATION (City or Town) Pleasant	(County) (State) View Ma.
() /68	24/	FUNERAL DIRECTOR	Brunswi		SO. REC'D BY REGISTRAN	1968 REGISTRAR	S SIGNATURE Judge



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

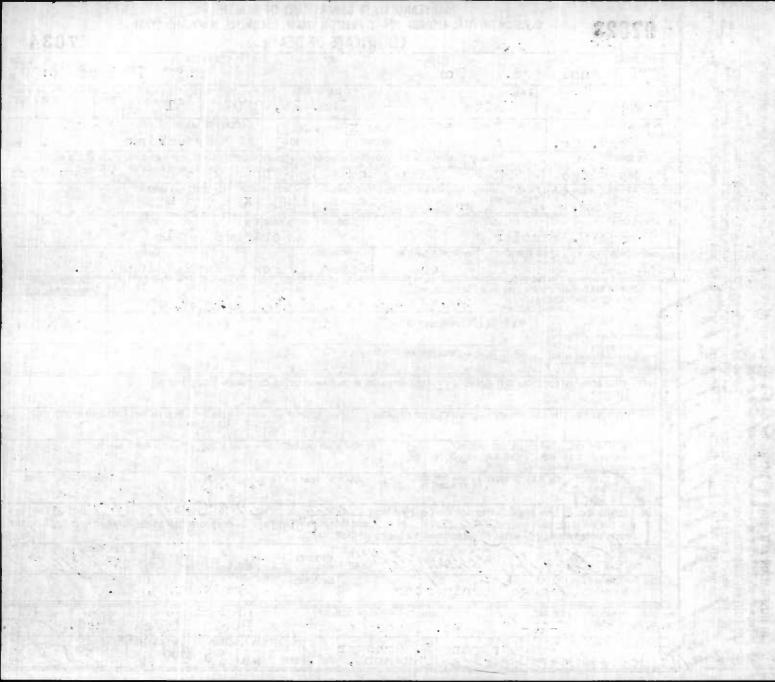
CERTIFICATE OF DEATH

07034

1. DECEASED-NAME First (Type or print) Anna	B. Fox	le	Last	2a. DATE OF DEATH  Mayonth  7 Day	1968 8:30 M
3. SEX Fema <b>le</b>	4. RACE White	J	an. 29, 1	TIG.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) $Fred \cdot Co$		WIDOWED	DIVORCED	Frederick	Md.
10. CITY OR TOWN OF DEATH Rocky Ridge	give street address)	Own nome	during	OCCUPATION (Kind of work dane st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Home
13a. USUAL RESIDENCE (Where deceded admission) STATE Md •	13b. COUNTY Fred	1		777 777	
14. FATHER'S NAME First Thomas 0. W	Middle astler	Last IS. MO	THER'S MAIDEN NAME Fir Gert:		last
16a. WAS DECEASED EVER IN U.S. AR	man an datas of section			Rocky Ridge	Md.
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ENCE OF	of the	colon	BETWEEN ONSET AND DEATH
z 1538	ONDITIONS CONTRIBUTING TO DEAT  O. CONDITION FOR WHICH OPERATION		20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
GROOMTRIBUTING CAUSE OF DE (If either, natify medical exam 21d. INJURY OCCURRED 21d While Nat while at wark 220. I certify that (1) (1) saw the deceased	ATH HOUR A.M. Month Do P.M.  B. PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING)  This hospital attended the	y Year 19 street, FACTORY.) 21f. LOCATII deceased fram 19 2, and th	ON Street or R.F.D. No.  Ot in (my) (aur) opin h.	City or Town  City or Town  City or Town  1, to	County State
23a. BURIAL, CREMATION, 23b.		IAME OF CEMETERY OR CREM	MATORY	Emmitsburg, Mo	(Caunty) (State)
Buremoval specify) 5-24 FUNERAL DIRECTOR	10-68 lit.	Tabor Cem  ADDRESS Creager Thurmont	2Sa. REC'D BY	Rocky Ridge REGISTRAR 256 REGISTRARS	Fred. Co Mc

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon popers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removol, and in any event, within 72 hours pfter goot Poge 4 moy be retained by the hospital or ottending physicion.

VR A15 (4) 30M REV. 1788



1	te	m # 13e	filmislon	OF VITAL RE	CORDS, 301	M. PRESTO	ARTMENT OF N STREET, BAL	HEALTH TIMORE, MA	ARYLAND 2	1201			
FOR STATE		0702	9				ERTIFICATE					703	35
HEALTH DEPT.		ECEASED-NAME Type ar Print)	John First		$J_{ullet}^{Middle}$		Frank		) OF			ογ Yeor 16 1968	2b. HOUR
deloy is and 3 to M3. Page	3. SI		4. RACE White	S. DATE OF BIR	TH 9, 1893	6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H	IRS 2c. DATE	PRONOUNCED		Year 1968	2d. HOUR 3 a <sub>M</sub>
E 2, T		BIRTHPLACE (State try)New Je		U.S.A.	AT COUNTRY?	8. M/	RRIED NEVER M	ARRIED 9.	COUNTY OF C	erick.			Md
		TY OR TOWN OF		avin c	ME OF HOSPITAL treet address) Montevue		V (If not in haspito	l 120. USUA during mo	AL OCCUPATION	I (Kind af work life, even if re andyman	dane 12	b. KIND OF BUSIN	VESS OR
s after deoth 18. Give Pag along with the Sto	13o.	USUAL RESIDENCI dmission) STATE	E (Where deceased Maryland	d lived, if institu	tian: Residence b	efare 13c. CIT	or town derick	YES NO	13e. STR	EET AND NUMBE	Secon	Iffed.	Mdşcg
24 hours in Item 18 r's Office as 1002	14. F	ATHER'S NAME	First ohn	Middle Fra	-	Lost	1s. MOTHER'S MA	AIDEN NAME Elean	First	Midd KXXXX		rrell	
hin nine nine poge hou			R IN U.S. ARMED FO	RCES? or or dates of service)	16b. SOCIAL SECUI		Mrs. Ann	a Hughe	s 119	ADDRESS Hill P		Watchin	a N.J
		1B. CAUSE OF	DEATH (Enter only ATH WAS CAUSED	BY:		d (c).)	~ No.	1 7 2	to O	الما	2000	APPROXIMATE I BETWEEN ONSET A	NTERVAL
ould be executed word "pending" in the Chief Medical E. riol-transit permit. F any event within		4-12 Canditions, if on	IMMEDIATI	DUE TO, OR	AS A CONSEQUEN		1	ASI	40	*			
ord ford ord orb-tro		rise to immedia stating the und	ote couse (o),	(b) DUE TO, OR	AS A CONSEQUEN	/ 1	la la la	000	0.4.40	,			
ote sh g the ed to t a bu			IGNIFICANT CONDIT	(c) IONS CONTRIBUTI	NG TO DEATH BU		TO THE TERMINAL	DISEASE OR CON	IDITION GIVEN	IN PART 1(a)			
5 3 - /	CERTIFICATION	190. DATE OF OP	PERATION		19b. CONDITION WAS PERFOR		ERATION	ar F				20. AUTOPSY?	
Th ifico I be Id b	MEDICAL CERTI		CONTRIBUTING			y, Year	21c. HOW INJURY O	OCCURRED (Enter	nature af injui	ry in Port 1 ar I	Part 2, Item		
EXAMINER: ute the cert sge 4 shouls your files. Page 3 shou	MED	CAUSE OF DEATH 21d. INJURY OCCI WHILE AT WORK AT	URRED 21e. PL		At hame, farm, st		21f. LOCATION Stree	t ar R.F.D. No.	City	y or Town		Caunty	Stote
ICAL EX execute tor. Page ed for ye CTOR: Pa burial, c		22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔭 Inspection 🔲, Inquiry 🔲, and in my apinian											
directo etoinec DIRECTO		death resulted fram: Natural causes Accident , Suicide , Homicide , Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER											
o DEPUTY DIO necessory, pleose the funeral direct S may be retained FUNERAL DIRECT Health prior to b		SIGNATURE -	Mee	Y A	1 llo	ues	DE.	SISTANT MEDICAL PUTY MEDICAL E	XAMINER 🔽		26 DATE SIC	916/1	968
TO DEPUT necessory the funer 5 moy be TO FUNERA Health	230.	BURIAL, CREMATI	ION.   23h	ert JU		NE OF CEMETER	M.D. AD	DDRESS(Street, cit		unty) N (City or Town	) (C	ounty) (Sto	ote)
مرا		Burial THINERAL PURECTO		18-1968		ount O	ivet Cem	etery		erick.		derick.	Md.
VR A15ME (5) 10M REV. 1/68	1	1 43401	. Daile	E Son	7.95		k, Maryl	44		1968	STRAR'S SIG		pe.

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MARYLAND STATE DEPARTMENT OF HEALTH

, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS,

07036

						PICTURE	IL OI DEAI	**				
1.	DECEASED-NA (Type or pri		First		Middle		Lost	2a. 1	DATE OF DEATH	nth Doy	Yeor	2b. HOUR
L	(Type of pin		VALD		LEE		-Ritz			ne 13	1969	4:67 M
3.	SEX		4.	RACE		S	DATE OF BIRTH		6. AGE	(In feors irthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	In			W			may 13 10	968	rusi b	— YRS.	marring only	16
	. BIRTHPLACE	(State ar farei	gn 7b. C	ITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIED [	9. COU	NTY OF DEATH	n		
-	112	rulan	d	W.S.	A.	WIDOWED		1	rederi	ck		Md
10	CITY OR TO	VN OF DEATH			E OF HOSPITAL OR INS	TITUTION (If not			JPATION (Kind of		12b. KIND OF E	BUSINESS OR
	Fr	deri	ck.	1	eet address)	human	al Hosp		vorking life, eve	ii ir reiirea.)	INDUSTRI	
					n: Residence before	13c. CITY OR T		CITY LIMITS?	13e. STREET AND	NUMBER		
00	missign ar	land	13	rederi	ck	Walker	sville YES -	NO _	15 Fre	ederick	Street	
14	. FATHER'S N	AME First		Middle	Last	15.	MOTHER'S MAIDEN NA	ME First		Middle		Last
		Don	rold	W,	Frito	16	etter to	BI	nens			
16		ASED EVER IN L	I.S. ARMED FC		6b. SOCIAL SECURITY N	IO. 17. INF	ORMANT /	4		Address		,
L	Yes, no, or u	iknown) iii	yas give war or aar	(a2 OL 281AICA)		ner	Bouck	elw.	Frital	Valke	rsirle	md.
	18. CAUS	E OF DEATH (E	nter anly one	couse per line	for (a), (b), and (c).)	. 1			X	- H-	APPROXIM BETWEEN ON	NATE INTERVAL NSET AND DEATH
	PAR	I. DEATH WAS	CAUSED BY: MMEDIATE CA	HISE (a) A	renate	mity						
	7	769			A CONSEQUENCE OF	0				200		
		s, if any, which	gave)	(b)								
		mediote cous		, ,	A CONSEQUENCE OF						1	
	last.	onderlying	(0050)	(c)								
	PART 2.	THER SIGNIFICA	ANT CONDITIO	NS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO	HE TERMINAL DISEASE	ORCONDITIO	ON GIVEN IN PAR	T 1(a)		
-	7625	neon	tal	ale	Lecta	in						
CEDITICATION	19a. DATE	OF OPERATION	19b. CONDI	TION FOR WHICH	H OPERATION WAS PER	RFORMED	20a. AUTOPSY?				ONSIDERED IN CE	RTIFYING
) LILE							YES NO	0 🗆	CAUSES OF DEA	TH?		
		DENT WAS UNI		21b. TIME OF I		21c. HOV	INJURY OCCURRED	(Enter nature	af injury in Par	t 1 or Part 2,	Item 18.)	
AFRICAL	OR CON!	notify medical		HOUR A.M. P.M.	Manth Day Year							
144	- I ZIU, INJU	RY OCCURRED		OF INJURY (A			ATION Street or R.F.C	D. Na.	City or Tawn		County	State
	at wark	Nat while at wark		(0	FREE BUILDING, ETC.		11			/		<b>a</b>
Г			(I) (this ha	spital) atten	ded the decease	d fram	5 / 12 / 68 , that in (my) (aur)	19.68	to .5/	/3 , 19	68, that	(I) (we) las
Н	sa	v the decea	sed alive	on 3	[13 1	968, and	that in (my) (aur)	) opinian d	death accurre	d an the do	ate and haur o	and from the
			abave, (I)	(we)-(aid) (a	id nat) view the l	bady after de	atn.			200	DATE SCHIED /	
ľ	22b. SIGN	ATURE 118	1/1/2	40		DECDE	ATTENDING ATTENDING	MED.	STAFF	7226.	DATE SIGNED	0
H	22d. PHY	ICIANHO!	0			DEGREE	PHYS. 22e. ADDRESS	DIRECTOR	R L PHYS.		13/00	
		E (Type)					ZZE. ADDKESS					
-	DUDIAL C	DEMATION	1996 0475		23c. NAME OF	CEMETERY OR C	CEMATORY	1 227	LOCATION (C:	es Iour'	(Court )	(State)
13	Ba. BURIAL, C REMOVAL	(Specify)	23b. DATE	1-100	ZSC. NAME OF			3 1	LOCATION (City	or rawn)	(County)	(State)
2.	4. FUNERAL I	RECTOR	may	12, 196	ADDRESS	pe C	Excellent 25d RE	C'D_BY REGIS	STRAR 25h	REGISTRAR'S	SIGNATURE	my.
1	4 0	^	1-1	11 04	000	2.1		MAY			ianta C	udan
	1 (/	LAILIN	1 644 1	110111	0 1/1/0	AA-1	-1107672111011	1817.7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	- / LINE W	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the fine director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages, I and should be filled with the State Dept. of Health prior ta burial, cremation, ar remayal, and in any event, within 72 hours after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hab Page 4 may be retained by the haspital ar attending physician.

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VR A15 (4) 30M REV. 1/6

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**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Poses should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs. VR A 18 48 30M REV. 1/68

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after. Page 4 may be retained by the haspital or attending physician.

	いづりつう		CER	RTIFICA	ATE OF D	EATH				0.71	137
	ECEASED-NAME First Type or print)	314.547	Middle	~	Last		20. DATE OF	DEATH Month	o Day	a o C Menr	2b. HOUR P
,	Ra	ymond I	/incent		rdner		May		2	196 <b>8</b> °°	3:15M
3. SE	EX	4. RACE			S. DATE OF BIRT		1901	6. AGE (In )	rears	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male	Whit	ce		Oct	ober 2	25-	66	YRS.	morning parts	
	BIRTHPLACE (State ar fareign ntry) Md •	76. CITIZEN OF WHAT CO	,	MARRIED [	NEVER MARRI	ED .	COUNTY OF Fr	DEATH ederic	ek		Md.
I	TITY OR TOWN OF DEATH Frederick	give street of Fred	derick Mem	· Ho	spital		occupation st of working ball			12b. KIND OF INDUSTRY	BUSINESS OR
	USUAL RESIDENCE (Where decease issian) STATE Md.	LAGI COLLETY	esidence before 13c rederick F			d. INSIDE CITY LIM YES NO		ute 7	MBER		
14. 1	FATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAIL				Middle		Last
	Thomas	Franklin	n Gardne	r		A	lice	Vi	rgini	a Wat	kins
160.	(es, no or unknown) (If yes give wo	IED FORCES? or or dates of service)	SOCIAL SECURITY NO.	A 17. IN	FORMANT S. Lore	tte G.	Harley		ddress ner-R	t. 7-Fr	Md. ederick
	Canditians, if any, which gave rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A C	CONSEQUENCE OF CONSEQ	erot zed	jestine tic lui arter	and s	eleve Derovi	ril		BETWEEN O	Recro
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT &	ELATED TO	THE TERMINAL I	DISEASE OR CO	ONDITION GIVEN	IN PART 1(d	0)		
CERTIFICATION	190. DATE OF OPERATION 19b. (	CONDITION FOR WHICH O	PERATION WAS PERFOR	RMED	20a. AUTOPS	NO 🔼		YES, WERE F OF DEATH?	INDINGS CO	ONSIDERED IN CE	RTIFYING
MEDICAL CER	210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	HOUR A.M. Mo	RY onth Day Yeor 19	21c. HO	W INJURY OCCU	RRED (Enter	nature of injur	y in Part 1 a	er Port 2, 1	tem 18.)	
ME	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY ( AT HO	ME, FARM, STREET, FACTORY. E BUILDING, ETC.	) 21f. LO	1			ar Town		County	Stote
	22a. I certify that (I) (thi saw the deceased al auses stated above 22b_SIGNATURE	live on 5	13 196	X, ond	eath.	(our) apir	ion death o		n the dot	te ond hour	(I) (we) last and from the
	22d PHYSICIAN'S	BJUS	max	DEGRE	E PHYS.	LX DI	ED. RECTOR	STAFF PHYS.	May	3-1968	}
	(NAME (Type) Jam	es B. Thoma	25							. 21701	
230	BURIAL (CREMATION, 23b. D REMOVAL (Specify) Ma:	v 6-1968	23c. NAME OF CEM St. Johr				23d. LOCATIO	N (City or To		(County)	(State)
24.	FUNERAL DIRECTOR Elwon M. R. Etchison	od T	ADDRESS 7	hitm	ore !	Sa. REC'D BY		2Sb. RE	GISTRAR'S	SIGNATURE	Justes

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07038

t 22 ct		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
ero deol	(1	ype or print) GLEN	CHARLES	GAVER	Month Day 27	1968 3 PM
5/47 b	3. St	X	4. RACE	S. DATE OF BIRTH	6. AGE (In veors	IF UNDER 1 YEAR   IF UNDER 24 HRS.
1		male	white	June 16,19	915 September 152 YRS.	MONTHS DAYS HOURS MIN.
S S S S S S S S S S S S S S S S S S S		BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
当 **	COU	Fred. Co. Md.	U.S.A.	WIDOWED DIVORCED	Frederick	Md.
filled pope thin 7	10, 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12a. USU)	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
within lely fi		ral-Myersville	give steet oddres 1, B	ittle Road durinka	Motworking life, even if retired n	erali Labor
icote be executed within 24 haurs offer- riskion ond completely filled intermined pleose remove carbon popers. Pages 1, 1, ond in ony event, within 72 hours after	13a. adm	usual RESIDENCE (Where deceosed	lived, if institution: Residence before 13b. COUNTY <b>Frederick</b>	Rural -Myers wis Llene	imits? 13e. STREET, AND NUMBER Rt. # 1, Bitt	le Road
cion ond co	14. 1	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F	irst Middle	Lost
be re re re		Charles C	Gaver	Lulu M.	Leatherman G	aver
res that the death certificate be executed within 24 sician.  ed by the attending physicion and completely filled ol-tronsit permit. Then please remove carbon paper of cremation, or removal, and in any event, within 72 or company of the company o		WAS DECEASED EVER IN U.S. ARMEI es, no, or unknown) (If yes give war		0. 17. INFORMANT 44 ORaymond E. Gave	Address  R Myersyille Ma	Rt. # 1
eath certific ending phys nit. Then p or removal,			one cause per line far (a), (b), and (c).		T THE TAX TO THE	APPROXIMATE INTERVAL
ding.		DADT I DEATH WAS CARRED I	ov. /	Pardie arres	I.	BETWEEN DISET AND DEATH
attendii attendii permit. ion, or re		IMMEDIATE	CAUSE (o)	was - wa		9 3 min
the a pe		Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	1 yocardial	Dadas to	15 min
thot the an. by the rronsit cremat		rise ta immediate cause (a),	(b) DUE TO, OR AS A CONSEQUENCE OF	ri go caracac	J'MTW COUCK	107710010
physician. signed by the buriol-tronsit ouriol, crema		stating the underlying cause	(d)	0		
physic physic signec buriol buriol		PART 2 OTHER SIGNIFICANT COND.	ITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
0		(1) n1	INTORS CONTRIBUTION TO BEAUTI DOT THE	T KEENIED TO THE TERMINAL DISEASE OR	tonomon onen m raki 1(0)	
e low retending as been os the prior to	TION	190. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PER	RFORMED 20g. AUTOPSY?	20b. 1F YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
F se h of	CERTIFICATION			YES NO	CALICES OF DEATHS	
Signam: The spiral or off certificate hand for use ned for use to feel the feel feel feel feel feel feel feel fe		210. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Part 2, I	tem 18.)
T + T +-	MEDICAL	(If either, notify medical examine	r) P.M. 19			
S PHYSIC the hospi this certi detoched e Dept. o	W	21d. INJURY OCCURRED 21e. Pl While Nat while at work	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	DRY.) 21f. LOCATION Street or R.F.D. No	. City or Town	County State
by the fler be d stote		22a. I certify that (I) (this	haspital) attended the decease	d from ligou , 19_	, ta, 19_	, that (I)_(we)_last
	П	saw the deceased aliv	re an	y, and that in (my) (aur) api	inian death accurred an the da	te and haur and fram the
ATTENI stoined TOR: / should ith the			(I) (we) (did) (did not) view the I	oady after death.	Lan	ATT SIGNED
OR ATT be retoin DIRECTO ge 3 sho led with		22b. SIGNATURE Charle	s R Wheren		MED. STAFF ME	DATE SIGNED 28, 1968
AL AL		22d. PHYSICIAN'S NAME (Type) Char	rles R. Wierer	22e. ADDRESS Myea	rsville, Md.	
Page 4 n D FUNER director,	23a.	BURIAL, CREMATION, 23b. DA	TE 23c. NAME OF	EMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(Caunty) (State)
5 5 5 2 V		REBUYAL (SOCIETY) May	30,1968 United	Methodist	Myersville, Md.	Fred.Co.
VP ATHEN	24.	FUNERAL DIRECTOR	17 STILL ADDRESS	2So. REC'D E	Myersville, Md. BY REGISTRAR 1968 REGISTRARS	SIGNATURE
30M REV. 68		//CPaul	F. Bittle, Myers	ville, Md. DATE MA	11 2 1 1900	0

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Tark S. Minte, Security, Sa.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician.

death.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3/		01034		C	ERTIFICA	TE OF	DEATH			0.7	039
		CEASED-NAME First		Middle		Lost		20. DATE OF	Month 12 Do	ava o / deor	2b. HOUR
		Mar	У	Grace	Hart			May	12-	T7288	6:30
	3. SE.	X Female	4. RACE Whi	.te		Oct.	rth LO <b>-396</b> %	1882	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
			7b. CITIZEN OF WHAT	COUNTRY?	B. MARRIED	NEVED MAD	PIED 9	COUNTY OF			<u> </u>
	coun	" Md.	U.S.	A.	WIDOWED 🔀	DIVO	RCED 🔲		derick		Mo
4	10. C	Trederick	give stre	OF HOSPITAL OR INSTI et oddress) ederick Me			during mos	OCCUPATION of working emaker	(Kind of work done life, even if retired.)	INDUSTRY	ome
0	13o. odmi	USUAL RESIDENCE (Where deceose ssion) STATE Md.	d lived, if institution:		13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER						
1	14. F	ATHER'S NAME First Samuel	Middle S.	lost Ray	15.	MOTHER'S MA	AIDEN NAME Fir	st annie	Middle	Lea	lost SE
		WAS DECEASED EVER IN U.S. ARMI es no or unknown) (If yes give wa		b. SOCIAL SECURITY NO 215-20-91		ORMANT Ray I	Hartman	- Rout	e 6- Frede	erick, M	d.21701
		18. CAUSE OF DEATH (Enter only			-					APPRÓXI	MATE INTERVAL INSET AND DEATH
40	-1	PART I. DEATH WAS CAUSED		1	mns	in .				145	Lyp
25		4120		CONSEQUENCE OF	^		,	-	Market Services		0
		Conditions, if ony, which gove nise to immediate couse (a),	(b)	/	Vella	war	lens	u		14	eur
79		stoting the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF	1.	4	10	× 1	)	10	
		lost.	(c)	arlens	sue	vu	Melle	u L	Alux	1/5	My
	2	PART 2. OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTIN	G TO DEATH BUT NOT	RELATED TO	THE TERMINA	E DISEASE OR CO	INDITION GIVE	N IN PART 1(0)		
2	CERTIFICATION	7	ONDITION FOR WHICH	OPERATION WAS PERF	ORMED	20a. AUTO		CALISE	F YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN C	ERTIFYING
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examination)	HOUR A.M.	IJURY Month Doy Yeor 19	21c. HOV	INJURY OC	CURRED (Enter	noture of inju	ry in Port 1 or Port 2	, Item 18.)	
	ME			HOME, FARM, STREET, FACTO FICE BUILDING, ETC.	(RY.) 21f. LOC	ATION Stree	et or R.F.D. No.	City	or Town	County	Stote
		22a. I certify that (I) (this saw the deceased all couses stated above.	ve on lu lu	12 19	68, ond	fhot in (m	y) (our) opin	g, to ion death	occurred on the d	9_6, that late ond hour	(I) (we) los ond from the
		22b. SIGNATURE	0	>	PLODE	ATTENDI		Ď	STAFF	DATE SIGNED	- 4
1		22d. PHYSICIAN'S NAME (Type)	V S	STON	DEGRE	PHYS. 22e. ADD		RECTOR L	Mils	MO	-62
	230.	BURIAL, CREMATION, 23b. D	ATE	23c. NAME OF C	METERY OR C	REMATORY		23d. LOCATI	ON (City or Town)	(County)	(Stote)
		REMOVAL (Specify) Ma	y 15-1968	Mt. Oli	vet Ce	meter		Fred	erick, Md	21701	
68	24.	M.R. Etchison	Son	Frederic	k, Md.	21701	DATE	REGISTRAR 1	968 REGISTRAR	S SIGNATURE	de

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0000	rations				2
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w. 50		Simila			
EPAN LAND			x - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		

ADDRESS

37040

2b. HOUR

2d. HOUR

None

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20. AUTOPSY?

YES T

and in my apinian

Maryland

25b. REGISTRAR'S SIGNATURE

Victories

2Sq. REC'D BY REGISTRAR

Frederick, Maryland DATE MAY 28 1968

NO 🗆

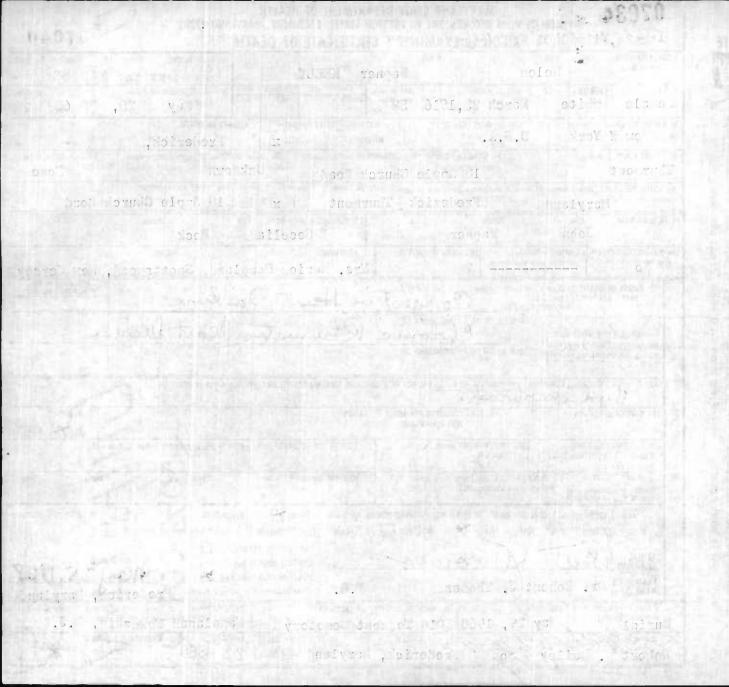
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VR A15ME (5) 10M REV. 1/68 24. FUNERAL DIRPCTO

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07041

	ECEASED-NAME First Type or print)	Middle	77	Last	20. DATE OF DEATH Mor	nth Doy O Yeo	2b. HOUR
3. SE	Myrie	Kathleen 14. RACE		ler	16 AGE	(In years   IF UNDER 1 Y	YEAR IF UNDER 24 HRS.
	emale	white		1/1/1897	last	inthdoy) YRS. MONTHS	OAYS HOURS MIN
		7b. CITIZEN OF WHAT COUNTRY?	8. 4400150		9. COUNTY OF DEATH	alon TK3.	
cour	ntry)_ `	U.S.	WIDOWED	NEVER MARRIED  DIVORCED	Frederi	ok	44.4
10 0	Maryland	11. NAME OF HOSPITAL OR I			JAL OCCUPATION (Kind of		Md OF BUSINESS OR
1	Middletown	give street oddress) Ro	oute 2	during n	nost of warking life, eve OOL teach	er. ret.s	ND OF BUSINESS OR RYPUDLIC Chool
13a. admi	usual RESIDENCE (Where decease ission) STATMaryland	ed lived, if institution: Residence before 1   13b. COUNTYFrederic	e 13c. CITY OR THE	OWN 13d. INSIDE CITY TOWN YES N			
14. f	FATHER'S NAME First William	Middle Last J. Keple:		MOTHER'S MAIDEN NAME Mary	First L.	Middle Summer	Lost
	(es, no, ar unknawn) (If yes give wa	EO FORCES? 16b. SOCIAL SECURIT		ormant T. Vern	on Coblen	Address	Md.
	PART 1. DEATH WAS CAUSED IMMEDIA?  H 10, Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	y one couse per line fat (a), (b), and (i BY: TE CAUSE (a)  OUE TO, OR AS A CONSEQUENCE O (b)  DUE TO, OR AS A CONSEQUENCE O (c)  DITIONS CONTRIBUTING TO DEATH BUT	Hyp	Occlus enfension Scherose THE TERMINAL DISEASE OR	1. A CONDITION GIVEN IN PAR	7	MEEN ORSET AND DEATH
CERTIFICATION	19a. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS I	PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WE CAUSES OF DEAD	RE FINDINGS CONSIDERED TH?	IN CERTIFYING
MEDICAL CERT	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (If either, notify medical examin 21d. INJURY OCCURRED While Not while at work At work	HOUR A.M. Manth Day Yea	or 19	/ INJURY OCCURRED (Ent	er nature of injury in Pari		State
	22a. I certify that (I) (this sow the deceosed ol couses stated abave	s hospital) carrieded the deceo ive on 3, (1) (we) (did) (did not) view the	196 V ond	that in (my) (our) or	28, to May pinion death accurre	d on the dote ond h	thot (I) (we) las nour ond from the
	22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type) DT	Mer Harp  J. Elmer Harp	MODEGREE	22e. ADDRESS	MED. STAFF PHYS.	22c. OATE SIGNE	5-68
23a.	BURIAL, CREMATION, 23b. D	DATE 23c. NAME O	F CEMETERY OR C		23d. LOCATION (City	or Tawn) (County)	) (State)
	DEMOVAL (Speciful	7/68 Luthe	ran Cen	eterv	Middlet	own. Fred	Md.
24.	FUNERAL DIRECTOR	ADDRE	SS	2Sa. REC'D		. REGISTRÁR'S SIGNATURI	E _
		pany, Middleto	wn. Md.	DATE M	AY 8 1968	Milarles	udge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove corbon papers. Should be filed with the State Dept. of Heolth prior to buriol, cremotion, or removol, and in any event, within 72 hours. Poge 4 moy be retained by the hospital or attending physicion.

VR A15 (4) 30M REV. 1/68

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hoers-after death.

## MARYLAND STATE DEPARTMENT

DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

0103	0			CERTIFI	CATE OF	DEATH				10	70	42	
1. DECEASED-NAME (Type or print)	First ESTHER		Middle MAY		Last KING		2a. DATE	OF DEATH	3	Υ :	£968		HOER 1
3. SEX Female	9	4. RACE	White		5. DATE OF	ber 22,	1893	6. AGE (III		IF UNDER MONTHS	1 YEAR DAYS	IF UNDER	24 HRS. MIN
7a. BIRTHPLACE (Star country) Maryland	e ar foreign	7b. CITIZEN OF	S • A •  1. NAME OF HOSPITAL OR	WIDOWE	NEVER MA	ARRIED   ORCED	9. COUNTY	of DEATH rederic	ck	[12h ]	(IND OF E	223MISINESS	Me
Frederic	ck	9	ive street oddress) Frederick	Vursing	Home	during m HOU	ast of worki	ng life, even i	if retired.)			703111233	OK .
admission) STATE	.E (Where deceas ad		titution: Residence befo		or town lerick	YES N		STREET AND I		Stre	eet	N.	
14. FATHER'S NAME	First	Midd	e Last		IS. MOTHER'S	MAIDEN NAME	First		Middle			Last	
	ohn	R.	Stottle			Susan					Volf		
Yes na, ar unknav		MED FORCES? var or dates of service	16b. SOCIAL SECURI 214 16 C	- 0	INFORMANT	. King.	Sr.4	17 W. S	Address	eder:	ick,	Md	•
	EATH WAS CAUSE	D BY:	er line far (a), (b), and		7	bour				В	APPROXIM ETWEEN ON		
rise ta immed	IMMEDIA Iny, which gave inte cause (a), iderlying cause	(b)_	OR AS A CONSCOUENCE.  OR AS A CONSCOUENCE.	of class		Cara		Vas	cul	a			Y Y
PART 2. OTHER  443 ×		Just	RIBUTING TO DEATH BUT	L	TO THE TERMIN			IVEN IN PART		CONSIDER	ח וא כבו	TIFYING	

Year

(we) (did) (did not) view the body ofter deoth.

YES [

CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)

sow the deceosed olive

21b. TIME OF INJURY HOUR A.M. Manth Day P.M

21c. HOW INJURY OCCURRED

(Enter nature of injury in Part 1 or Port 2, Item 1B.)

County State

21d. INJURY OCCURRED While Nat while at wark

( AT HOME, FARM, STREET, FACTORY, ) OFFICE BUILDING, ETC. 21e. PLACE OF INJURY

21f. LOCATION Street ar R.F.D. No. City or Tawn

deceosed from 1 (Mch. 13, 1966), to May 31, 1968, that (I) (we) lost 1968, and that in (my) (our) opinion death occurred on the date and hour and from the

couses stoted obove. (I) 22b. SIGNATURE

ATTENDING PHYS. DEGREE

MED. DIRECTOR X

2Sa. REC'D BY

DATE

STAFF PHYS.

22c. DATE SIGNED May 31, 1968

PHYSICIAN'S NAME (Type)

Sr. M. D. Pearre.

22e. ADDRESS

Church Street, Frederick, Md.

23a. BURIAL, CREMATION, BREMGVALTSpecify)

23b. DATE June 3.1968

(this hospitol)

23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

23d. LOCATION (City or Town) Frederick Frederick

(County)

(State)

FUNERAL DIRECTOR

R. Etchison Frederick.

Md

VR ATS 30M REV

director, page 3 shauld be detached for use as the burial-transit permit. Then pleabauld be filed with the State Dept. af Health prior ta burial, crematian, or remaval, rage 4 may be received, and this certificate has been signed by the attending phy received by the attendance who have the human transfer beautiful them.

CERTIFICA

MEDICAL

Page 4 may be retained by the haspital ar attending physician

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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4.3	- 6	17	Dog	0.

	and the same of the same of			CEKTIFICA	ALE OF DEATH				1,20
	DECEASED-NAME First		Middle		Last	2a. DATE OF			2b. HOUR
(	Type or print) AUS	TIN	M.	KI	LINE		Month Day	1968	8:25A,
3. SI	EX	4. RACE			S. DATE OF BIRTH	-1	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male	White	9		19 Feb 190	2	last birthday)	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
(du	Maryland	U. S	S.	WIDOWED		Fred	lerick		M
10. (	CITY OR TOWN OF DEATH		ME OF HOSPITAL OR IN				(Kind af work done	12b. KIND OF	BUSINESS OR
	Frederick	Mai	ryland Odd	Fe 11ov	s Home Reti	red-Own	lite, even it retired.)	INDUSTRY Ru	g Store
	USUAL RESIDENCE (Where decease	sed lived, if institut	ian: Residence befare	13c. CITY OR	TOWN 13d. INSIDE CITY	LIMITS? 13e. ST	REET AND NUMBER		
ugm	nissian) STATE Marylan	d ISB. COUNTY	Frederick	Freder	ick YES X N	0 11	7 E. Seven	th St.	
14.	FATHER'S NAME First	Middle	Last	15.	MOTHER'S MAIDEN NAME	First	Middle		Last
	Harry		Klin		Pan	sy Blan	che Strasb		
160	. WAS DECEASED EVER IN U.S. AR!	WED FORCES? var or dates of service)	16b. SOCIAL SECURITY		FORMANT		117 Eddresyt	h St.,	
	Yes, no, or unknawn) (If yes give v		214-10-10	JOA MIS	. Pauline E	. Nogle	Frederick		
п	1B. CAUSE OF DEATH (Enter or		ne far (a), (b), and (c),	4	1-127	7		BETWEEN C	MATE INTERVAL ONSET AND DEATH
	PART 1. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a)	magest	we!	car Tai	luse			
	4/24		S A CONSEQUENCE OF		1.01	1		111	. 161
	Canditians, if any, which gave inse to immediate cause (a).	(b)	tresit-	8cler	ulc V	167:		100	Kara
	stating the underlying cause	DUE TO, OR	IS A CONSEQUENCE OF					1	
	last.	(c)							
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
S	4771	Du	rocces						
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	CALIFFE	F YES, WERE FINDINGS CO S OF DEATH?	ONSIDERED IN C	ERTIFYING
RTIF		10		1	YES NO X	1			
-	21a. ACCIDENT WAS UNDERLYING OF CAUSE OF DEA		Manth Day Year		W INJURY OCCURRED (Ente	er nature at inju	ery in Part 1 ar Part 2, (	Item IB.)	
MEDICAL	(If either, natify medical exami	ner) P.M.		9					
2	21d. INJURY OCCURRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	21f. LOC	ATION Street or R.F.D. No	a. City	ar Tawn	County	State
	at wark at wark			11 3/1	10/	107	All A to E I so	101	(1) ( ) 1
	22a. I certify that (I) (th	live on	ended the decease	ed from 12	that in (my) (our) op	inion death	occurred on the do	te and hour	(I) (We) las
	causes stoted above	e, (I) (we) (did)	(did/nat) view the	body ofter d	eath.	IIIIOII GCOIII	occorred dil ille do	ne ona noor	Olia II Olii III
	22b. SIGNATURE	Ala-TI	3.	4	ATTENDING	MCD	22c.	DATE SIGNED	
	Serman	We / to	mis	DEGRE	E PHYS.	MED. DIRECTOR	STAFF DHYS. 31	May 19	68
	22d. PHYSICIAN'S		-0		22e. ADDRESS	1001			
,	NAME (Type) Berna	rd O. The	omas, Jr.,	M. D.	228 N. Mai	rket St	., Frederic	ck, Md.	21701
23a		DATE .	_	CEMETERY OR (			ON (City ar Tawn)	(Caunty)	(State)
	1	5/3/68	1 11	THE PARTY IN	Cemetery	1	rick-Frede:		ryland
24.	FUNERAL DIRECTOR	and a	AD DRESS		2Sa. REC'D	BY REGISTRAR	CO 25b. PSOSPRAR'S	SIGNATURE	42
	M. R. Etchison	1 & Son,	Frederick	, Mel. 2	1701 DATA	3 10	100	0	7

and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furferal director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. \* ages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 4 may be retained by the haspital or attending physicion.

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at and a sade	grisvatili 1720	84	snil.	43.2	311
7 5. 7th it; 21701 ederich, "d. 21701	is signification	enling .cal fo	114-10-1559		, c

. R. Etcalson & Son, Frederick, N.: 21701

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

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VR A15 4 3

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				EKIIFIC	AIE UF	DEALL				17.6	3 64 64
1. DECEASED-NAME	First		Middle		Lost		2o. DATE				2b. Hejur
(Type or print)	ELLA		MAE		KLINE			May	Day	4 1968	12 p
3. SEX		4. RACE			S. DATE OF B	IRTH		6. AGE (In	yeors	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,
Female		White	е		Augus	t 16,	1892	Jost birth	YRS.	MONTHS DATS	HOURS MIN.
70. BIRTHPLACE (Stote	e or foreign	7b. CITIZEN OF WHAT CO	UNTRY?	8. MARRIED	NEVER MAI	RRIED	9. COUNTY	OF DEATH			
country) arylan	d	U. S.	A .	WIDOWED		RCED 🗍	Fre	derick			Mc
O. CITY OR TOWN OF		+	HOSPITAL OR INS	,			UAL OCCUPATION			12b. KIND OF INDUSTRY	BUSINESS OR
Frederic				rsing		-			Ann harder (m)		
odmission) SIATE Marylan	d (Where deceo	sed lived, if institution: Ri 13b_COUNTY Frederic		13c. CITY OF		13d. INSIDE CITY YES 2		STREET AND N 2 East		d Stree	t
14. FATHER'S NAME	First	Middle	Lost	1:	S. MOTHER'S M	AIDEN NAME	First		Middle		Lost
Char	les	T.	Kline	e		May				Youn	1g
160. WAS DECEASED	EVER IN U.S. AR	MED FORCES? 16b. 1	SOCIAL SECURITY N		INFORMANT				Address		0
Yes, no, or unknow	(It yes give	war or dates of service) 231	10 118	35 M	rs. Be	tty Gr	ove,50	O Lee	Place	,Freder	ick, Md.
18. CAUSE OF	ATH WAS CAUSE	nly one couse per line for ED BY: ATE CAUSE (a)	(a), (b), ond (c),	me	th	nn	har	1			IMATE INTERVAL ONSET AND DEATH
Conditions if a	ny, which gove	DUE TO, OR AS A C	ONSEQUENCE OF	0.5	1.5	1,00	ins.				
rise to immed		(b)	M.	nex	cao,	Tuch	ung	1		10 100	
	derlying couse		ONSEQUENCE OF								
lost.	CIONIFICANT CO	(c)	O DEATH BUT NO	OT DELATED T	O THE TERMINA	U DICTACE OF	CONDITION OF	VEN IN DART I	1/0)		
2 2	SIGNIFICANT CO	NDITIONS CONTRIBUTING 1	IU DEATH BUT NO	UI KELATED I	U THE TERMINA	AL DISEASE OF	KCONDITION GI	VEN IN PAKI	1(0)		
S 22	FRATION LINE	COMPLETION FOR WHILE OF	DED ATION INVACIDES	DEODATED	T00 AUT	D D C V O	] 001	IE VEC WEDE	FINDINGS C	ONSIDERED IN C	PRITIFYING
190. DATE OF OP	EKAHUN 19b	. CONDITION FOR WHICH OF	EKATIUN WAS PEI	KFUKMED	20o. AUTO		CAU	SES OF DEATH		ONZIDEKED IN C	EKIIFIING
	G CAUSE OF DEA	TH HOUR A.M. Mo	nth Doy Yeor		OW INJURY OC	CURRED (Ent	ter noture of in	njury in Port 1	or Port 2,	Item 18.)	
OR CONTRIBUTION (If either, notify 21d, INJURY O	medical exam		ME, FARM, STREET, FAC		OCATION Stre	et or RED N	in (	ity or Town		County	Stote
While Not of work		OFFICE	BUILDING, ETC.	7 2711.0	ocation site	01 01 K.I.D. II	10	/		10	5.0.0
		nis hospital) attended	d the Ancore	nd feam	4/11	191	60 to	5/2	11V 19	60 that	t (1) (we) las
saw th	e deceased o	alive an e, (I) (we) (did) (did i	5/10	9/2/x, an	d that in (n death.			h accurred	an the do		and fram the
22b. SIGNATURE	n 0	0 0 11	,			NO	MED	CTAFF	22c.	DATE SIGNED	
	Shally	J SIA	While	2 DEG	REE PHYS.	NG 50	MED. DIRECTOR	STAFF PHYS.	□ Ma	y 25, 1	-968
22d. PHYSICIAN NAME (Typ		S. Hughes	M.D.		22e. ADI 700	Monto	laire .	Ave/ F	reder	ick,Md.	
23o. BURIAL, CREMAT		DATE	23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOCA	TION (City or	Town)	(County)	(Stote)
KEWOAVI (200c)	6.3	y 27, 1968	Mount (	Olivet	Cemet	ery		derick		ederick	c Md.
24. FUNERAL DIRECT		loudle?		Fad		2So. REC'D	BY REGISTRAR	2Sb.	REGISTRAR'S	SIGNATURE	
M. R	. Etchi	son & Son,	Frederic	ck, M	ryland	DATMAY	27 18	968	Char	eter Jose	ege.

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AND SOME OFFICE SECTIONS			•	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION QE VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First 2g. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 haurs after death (Type or print) ANE SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years MA421, last birthday) and completely filled in by the remave carban papers. Pages in any event, within 72 hays aft 1968 MONTHS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED X country) WIDOWED DIVORCED event, within 72 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH aire street odatress) during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER STAFfaryland 13b. COUNTY derick admission) Frederick YES NO F 5121 White Rock Avenue in any 14. FATHER'S\_NAME First Middle IS. MOTHER'S MAIDEN NAME First Lost ummers ORRE please andi 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT e attending physic permit. Then ple tian, ar remaval, a Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) crematian, DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave ) signed by the burial-transit burial, cremati rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tak hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES | NO director, page 3 should be detached far use shauld be filed with the State Dept. af Health O FUNERAL DIRECTOR: After this certificate by the haspital ar 21a. ACCIDENT WAS UNDERLYING OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY, 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 2 / May, 1967, ta 22 May, 1967, that (I) (we) last saw the deceased alive an 22 May 1967, and that in (my) (our) apinian death accurred on the date and haur and from the be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE O HOSPITAL Page 4 may 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) GUEST USSE BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County)

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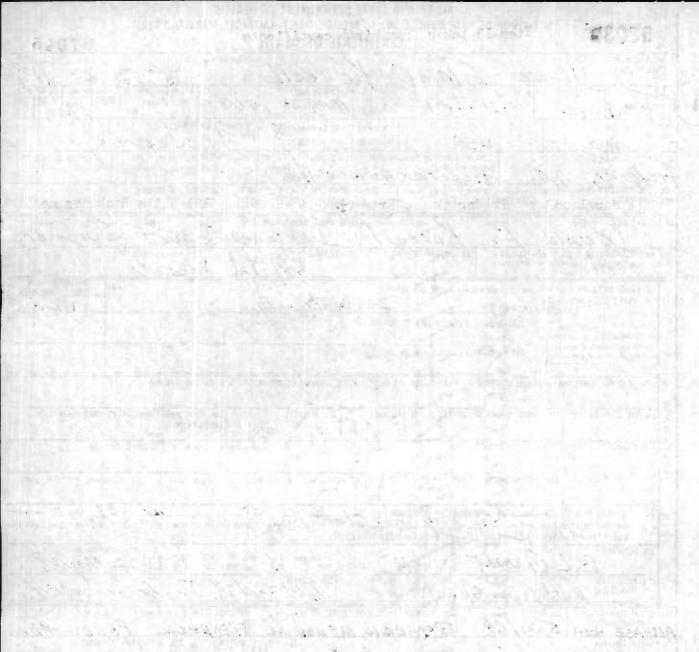
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REMOVAL (Specify)

24. FUNERAL DIRECTOR

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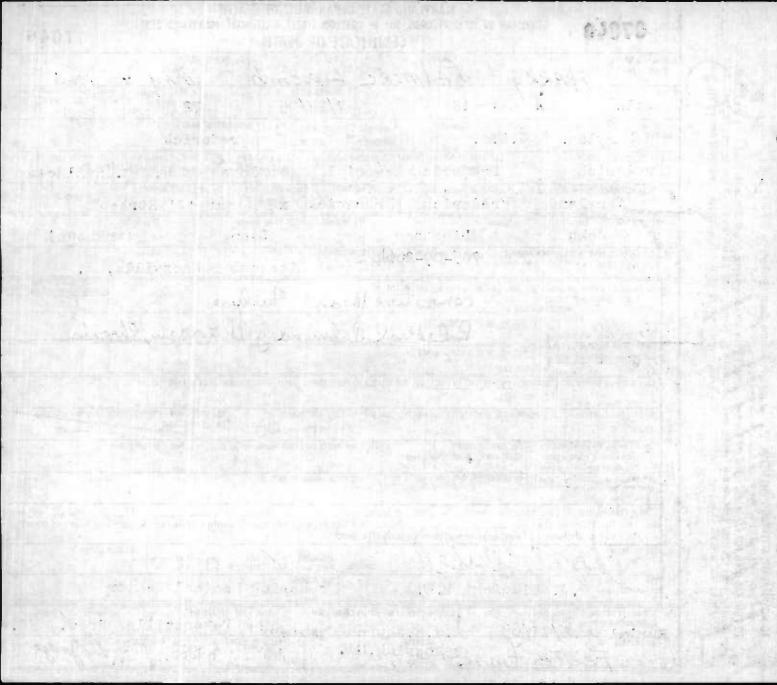
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 houry

Page 4 may be retained by the hospital ar attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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		CEASED-NAME Fi	irst	Myddle		Lost	20. DATE O	F DEATH Month D	ay Yeor	2b. HOUR
)	3. SEX	•	4. RACE		ORE	S. DATE OF BIRTH	0	6. AGE (In Jeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		male		groid		7/27/95		7 est birthday)	MONTHS DAYS	HOURS MIN
	7a. B coun	RTHPLACE (State or foreign Maryland	76. CITIZEN C	of what country?	8. MARRIED [	NEVER MARRIED DIVORCED	9. COUNTY O	F DEATH Brick		M
4		TY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR II	STITUTION (If no	t in hospital 120. U	MAL OCCUPATIO	N (Kind of work dane g life reversif retized.)	12b. KIND OF I	BUSINESS OR
0	13o. I	JSUAL RESIDENCE (Where decision) STATE	ceased lived, if in		13c. CITY OR	TOWN 13d. INSIDE CIT		TREET AND NUMBER	eet	itoad
- 18	-	ATHER'S NAME First John	Mid	dle Lost	15.	MOTHER'S MAIDEN NAM	First	Middle		Last
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	Ye		ive war or dates of servi	(0) 105=09=2	J.	ames Lips	comb		le,Md.	
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	only ane cause			+1	0.			MATE INTERVAL MSET AND DEATH
		IMM	EDIATE CAUSE (a)	. ()		earl Jo	allie			
		Conditions, if any, which ga	ve)	OR AS CONSEQUENCE OF	ral P	ulmonar	y atele	etasis, C	Phronic	
		nse to immediate cause (o stating the underlying cau		OR AS A CONSEQUENCE OF			1		71 - 11	
Н		PART 2. OTHER SIGNIFICANT	(c)	TRIBUTING TO DEATH BUT	IOT DELATED TO	THE TENANTIAL DISPACE O	D CONDITION CIV	FALIN DADT 1/-)		
	_	5270	CONDITIONS CON	IKIBOTING TO DEATH BOTT	TOT KELATED TO	THE TERMINAL DISEASE C	K CONDITION GIV	EN IN PART I(U)		
X	CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FO	R WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY? YES NO	CALIS	IF YES, WERE FINDINGS ES OF DEATH?	CONSIDERED IN CE	RTIFYING
	3	21a. ACCIDENT WAS UNDERI  ☐ OR CONTRIBUTING ☐ CAUSE OF (If either, notify medicol exc	DEATH HOUR	D 41	21c. HO	W INJURY OCCURRED (E	nter noture of inj	ury in Part 1 or Port 2	2, Item 18.)	
				URY ( AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.		CATION Street or R.F.D.	No. Cit	y or Town	County	State
		220. I certify that (I) sow the deceased	d alive on	ottended the decear did) (did not) view the	19, and	that in (my) (our) o	, to ppinion death	accurred an the c	9, that date ond hour o	(I) (we) la and from th
y		22b. SIGNATURE	1/C1	Out of the order	DEGRE	ATTENDING -	MED. DIRECTOR	STAFF DHYS.	c. DATE SIGNED	
		22d. PHYSICIAN'S NAME (Type)	. Ridd:	ick M.D.		220 ADDDECC		ical Cent	ter	
		BURIAL, CREMATION, 23 REMOVAL (Specify)	3b. DATE		CEMETERY OR		Dad	ION (City or Town)	(County) Fred	(State) • Md
	T2	UNERAL DIRECTOR	/11/68	ADDRES	Church Sick, Mo	Cemeter	BY REGISTRAR	25b. REGISTRAN		• IVICI
7	44.			710-01140						



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages Lyand 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07847

A. RACE   S. DATE OF BIRTH   S	)	1. DECEASED-NAME First (Type or print) Naon	Middle T	Lost Littleton	2a. DATE OF DEATH Mon	th 1 Day 1968 2b. HO
St.   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)		Female	White		1001. 6. AGE (	In years   IF UNDER 1 YEAR   IF UNDER 24   Thdoy)   MONTHS   DAYS   HOURS
St.   Significant Conditions Contributing to Death But not related to the terminal disease or condition given in Part 1(0)	1	country) Virginia	U. S. A.	WIDOWED DIVORCED [		:k
14. FATHER'S NAME   13b. COUNTY   15. MOTHER'S MANDEN NAME First   Middle   15. MOTHER'S MANDEN NAME First   Middle   16. MAY DECEASED EVER IN U.S. ARMED FORCES; Ves. no. o. quicknown)   10. NAMED FORCES; Ves. no. o. quicknown   10. NAMED FORCES; N			give street oddress)	d	uring most of working life, ever	
Thomas Prederick Trenary  Thomas Prederick Trenary  Thomas Prederick Trenary  Thomas Prederick Trenary  To May Braichwait  To May Braichwait  Address  Addre		admission) STATE	13b. COUNTY	VEC-	THE PROPERTY ISSUED	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave this to immediate couse (a), stating the underlying couse (b)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONTRIBUTING COUNTS OF DEATH  190. CONTRIBUTING COUNTS OF DEATH  190. CONTRIBUTING COUNTS OF DEATH  191. THE OF INJURY  210. ACCIDENT WAS UNDERLYING  210. ACCIDENT WAS UNDERLYING  190. CONTRIBUTING COUNTS OF DEATH  190. LINGUIST OCCURRED  190. LINGUIST OCCURRED  190. CONTRIBUTION  190. CONTRIBUTION  190. LINGUIST OCCURRED  190. CONTRIBUTION  190. LINGUIST OCCURRED  190. LIN		Thomas 160. WAS DECEASED EVER IN U.S. ARA	Frederick Trem MED FORCES?   16b. SOCIAL SECURITY   War or dates of service)   16b. SOCIAL SECURITY   Wat Service   16b. S	nary NO. 17. INFORMANT ASIA Robert I	Ethel Ma	y Braichwaite  Address M Center St.Frederic
HYPERTENSION; CHOLELITHINGS: AORTE AWRURSM  19a. Date of Operation  19b. Condition for which operation was performed  20a. Autopsy? YES NO CAUSES OF DEATH?  21b. If YES, were findings considered in Certific education in Certification (Causes of Death?)  21c. Accident was underlying cause of Death (If either, notify medical examiner)  P.M. Month Doy Year P.M. Month		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	ally one cause per line for (a), (b), and (c).  D BY:  ATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	Antery		APPROXIMATE INTERVAL BETWEEN OMSET AND DEAT
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19  21d. INJURY OCCURRED While Nat while Nat work at w		HUNGOTEN	SIGN', CHOLELI	THIMSIS, AORT	TE AWRURYSM 20b. IF YES, WER	( E FINDINGS CONSIDERED IN CERTIFYING
While Nat while at work  22a. I certify that (1) (this haspital) attended the deceased from the deteored on the deteored on the date and hour on causes stated above (1) (we) (did) (did not) view the body after death.  22b. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  Dr. Richard C. Reynolds  23c. NAME OF CEMETERY OR CREMATION, PROMOVAL (Specific)  23d. LOCATION (City at Town) (County)			TH HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRE	NO X	
Cultural Comparison Dr. Richard C. Reynolds  22d. PHYSICIAN'S NAME (Type)  Dr. Richard C. Reynolds  23c. BURIAL, CREMATION, PARTY PROPRIES PHYS. DIRECTOR DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS.		While Not while at work 22a. I certify that work 22a. I certify that work 25a.	PLACE OF INJURY (AT HOME, FARM, STREET, FAIL OFFICE BUILDING, ETC.  Its hospital) attended the deceose	ed from July 3	The second secon	
PEMOVAI (Specify)		Cella 22d. PHYSICIAN'S	Richard C. Reynold	22e. ADDRESS 804 To	oll House Ave	□ May 2-1968 Frederick, Md. 2170
24. FUNERAL DIRECTOR Elwood T. ADDRESS Militarie 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	89	REMOVAL (Specify) BURTAL	y 4-1968 Mt. 01	ivet Cometany	Frederick	. Md. 21701

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Item #8 Film #G400 5/20/68 ph CEDTIFICATE OF DEATH 17048 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH DECEASED-NAME First Last 2b. HOUR neral (Type or print) Ma Wonth Mitchell Mamie Catherine DaM 3. SEX 4 RACE S. DATE OF BIRTH IF UNGER 1 YEAR IF UNDER 24 HRS. 6. AGE (in years ing birthday) HOURS requires that the death certificate be executed within 24 hours aft White February 14, 1890 Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED Frederick Maryland U. S. A. WIDOWED IS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of warking life, even if retired.)
Housewile give street address) Montevue carban Frederick Infirmary event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIGE CITY LIMITS? admission) STATE Frederick NO [ 2 East Third Street Frederick remave and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last Martha Biser Franklin Kline physician o 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes\_na, or unknown) (If yes give war or dates of service) Ray V. Mitchell, 348 E. Third St. Frederick, Md. signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 216 48 6365 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line far\_(a), (b), and (e).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO I detached far use te Dept. af Health by the haspital ar TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark State [ 220. I certify that (I) (this hospital) ottended the deceased from 100 , 1967, to 11, algorithm, that (I) (we) lost saw the deceased alive on 11, algorithm, that (I) (we) lost saw the deceased alive on 12, and that in (my) (our) opinion death occurred on the date and hour and from the be retained causes stated abave, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR May 6,1968 director, page 3 DEGREE PHYS. 22d. PHYSICIAN'S 228 N. Market St. Frederick, Md. NAME (Type) B. O. Thomas. M. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (Caunty) (State) BREMOYAL (Specify) Nr.Frederick Frederick Rocky Springs Cometery Md. May 10, 1968 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ocharles Judge VR A15 (4) 1968 30M REV. 1/68 M. R. Etchison & Son, Frederick,

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

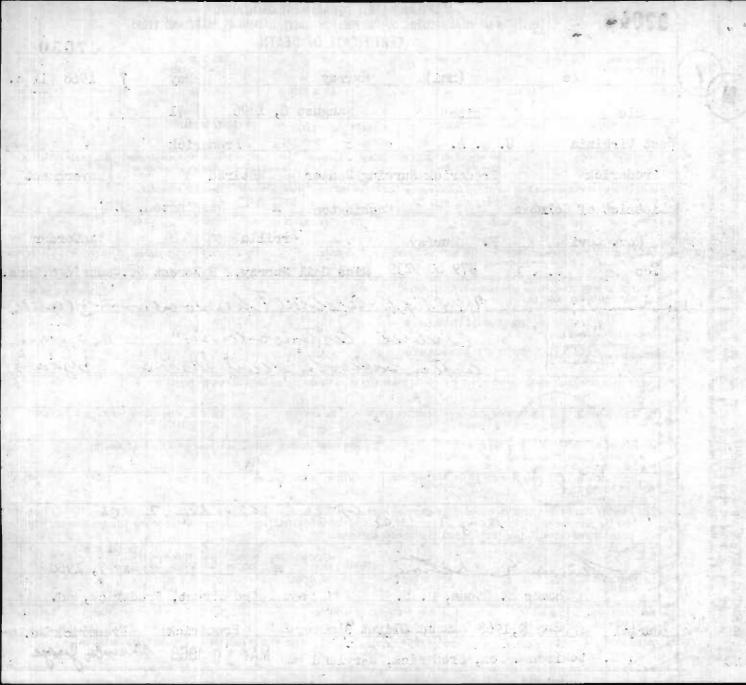
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MARYLAND STATE DEPARTMENT OF HEALTH n7944 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR First that the death certificate be executed within 24 hours after death (Type ar print) Month nmi Lee Murray Mav IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost birthdoy) DAYS August 6, 1896 Male White 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (country) West Virginia campletely filled in U. S. A. WIDOWED To DIVORCED Frederick within 72 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR rederick during mast of working life, even if retired.) **INDUSTRY** Frederick Nursing Center Government event, 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before COT 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Colmbia YES NO remave Washington. District Washington and in any 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle Arrilla VanGorder Rev. Levi Murray attending physician permit. Then please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) cremation, ar remayal, 60 9239 Miss Gail Murray, 2 B Forest St. Cambridge, Mass 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED 8Y permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) signed by the burial-transit burial, cremati rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T use be detached far use State Dept. af Health TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. Na. Stote City or Town County While Nat while at wark 22a. I **certify** that (I) (this haspital) attended the deceased from Left (S), 1962, to Mean 1966, that (I) (we) last saw the deceased alive an Macro 1966, and that in (my) (aur) apinian death accorded an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. ge 3 should led with the be retained 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE directar, page should be filed PHYS DIRECTOR PHYS. 10 HOSPITAL Page 4 may k 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) West Third Street. Frederick. Thomas E. Stone. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) Mount Olivet Cemetery Frederick Frederick Md 25b. REGISTRAD'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

M. R. Etchison & Son, Frederick, Maryland

VR A15 (4)

30M REV. 1/68



**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

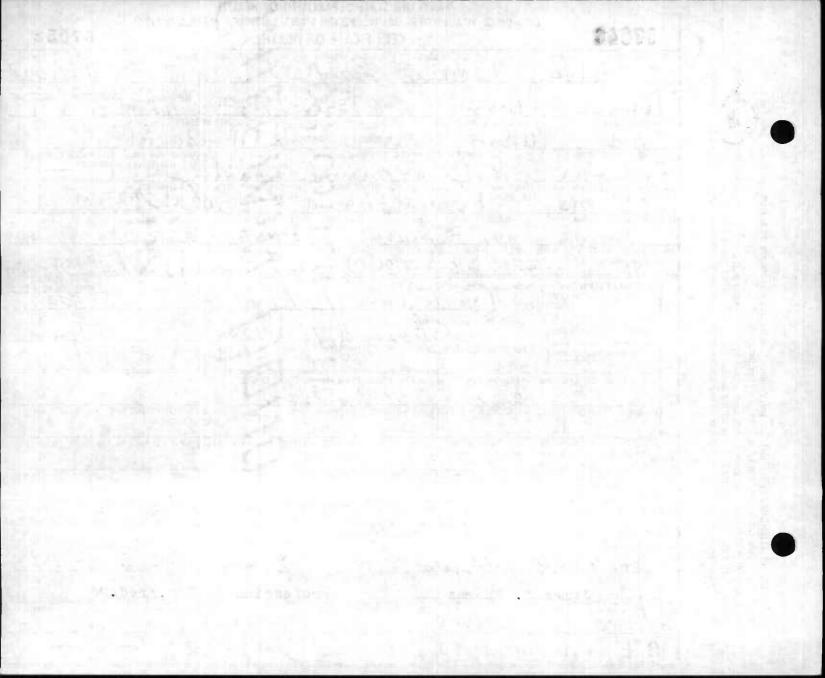
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 35bould be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours pfiles deat

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

B - P-									
		CEASED-NAME First	MALES - LI	Middle	Last	2a. D/	ATE OF DEATH	V	2b. HOUR
	(1	ype ar print) ZU:	LA ·	H.	OLSEN		May Manth 7. Da	1968°	8:30p.
	3. SE	X	4. RACE		5. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
		Female	White		March :	24, 1899	last birthday) YRS.	MONING DATE	Mill Mill
	7o. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT		MARRIED 🔲 NEVER MARRIE		TY OF DEATH		
1		raryland	U.S.A.		IDOWED DIVORCE		ederick	7	N
9	F	TY OR TOWN OF DEATH	give stree	of Hospital or Instituet address) lerick Nurs	ing Home	during most of wo		12b. KIND OF INDUSTRY	BUSINESS OR
		USUAL RESIDENCE (Where deceders in the state of the state	ised lived, if institution:	Residence befare 13c		INSIDE CITY LIMITS?	3e. STREET AND NUMBER		
2	14. F	ATHER'S NAME First	Middle	Last	IS. MOTHER'S MAID	EN NAME First	Middle		Last
		John	E.	Eyler		ica Ann	Amelia	Harb	augh
		WAS DECEASED EVER IN U.S. AR es, na, ar unknawn) (If yes give	was as dates of songred	b. SOCIAL SECURITY NO.	17. INFORMANT		Address		
		no	2	212-10-6910	D Mrs. Fra	nk Moore	Cascade,	Maryla	nd.
		Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF	lustic he		eare	14	lear
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	G TO DEATH BUT NOT R	ELATED TO THE TERMINAL D	ISEASE OR CONDITION	GIVEN IN PART 1(a)		
2	CERTIFICATION	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH	OPERATION WAS PERFOR	MED 20a. AUTOPS		20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN C	ERTIFYING
	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DE	HOUR A.M. Ininer) P.M.	Manth Day Year 19		Po.	of injury in Part 1 ar Part 2,	Item 18.)	
	WE	While Nat while	PLACE OF INJURY (AT OF	HOME, FARM, STREET, FACTORY, FICE BUILDING, ETC.	21f. LOCATION Street of	r R.F.D. Na.	City ar Tawn	Caunty	State
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	The Table	22a. I certify that (i) (the saw the deceased above	his haspital) attend alive an re, (I) (we) (did) (di	led the deceased f 6 7 19 d nat) view the bad	X, and that in (my)	, 19 <i>6&amp;_</i> , t (aur) apinian de	a $5/7$ , 19 eath accurred an the d	168 , that ate and haur	(I) (we) Id and fram th
		22a. I certify that (I) (the saw the deceased ausses stated above 22b. SIGNATURE	his haspital) attendalive an— re, (1) (we) (did) (di	led the deceased for 19 (d nat) view the bad	ATTENDING PHYS.	(aur) apinian de	eath accurred an the d	9.68 , that ate and haur DATE SIGNED /8/1968	(I) (we) Ic and fram th
		22a. I certify that (I) (the saw the deceased ausses stated above 22b. SIGNATURE 22d. PHYSICIAN'S	his haspital) attendalive an re, (I) (we) (did) (di  B  Thomas	d rat) view the bad	y after death.  DEGREE ATTENDING PHYS.  22e. ADDRE	(aur) apinian de	eath accurred an the d	. DATE SIGNED	(I) (we) la and fram th
	23a.	22a. I certify that (I) (It saw the deceased auses stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) James BURIAU (Remation, 23b.	(e, (1) (we) (did) (di	d riat) view the bad  Mao-, M	Z, and that in (my) y after death.  DEGREE ATTENDING PHYS.  22e. ADDRE  ETERY OR CREMATORY	(aur) apinian de  MED. DIRECTOR SS Frederick 23d. L	eath accurred an the di	/8/1968 ((County)	(State)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07852 CERTIFICATE OF DEATH DECEASED-NAME 2o. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 hours after death. and (Type or print) 5. DATE OF BIRTH F UNDER I YEAR lost birthdgy) DAYS 5-13-MALL 7a. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [ DIVORCED reder signed by the attending physician and campletely filled burial-transit permit. Then please remave carban papa 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13b. COUNTY\_ 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First LIZA beth 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 100 W.5 th Yes, no. or unknown) (if yes give war or dates of service) ar remaval, 18. CAUSE OF DEATH (Enter only one couse per inter (or (o), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior tal O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram sow the deceased olive on 1968, and that in (my) (our) opinion death accurred an the date and hour and from the Page 4 may be retained couses stoted obove, (I) (we) (did) (did nat) view the bady ofter deoth IGNATURE 22c. DATE SIGNED 5-24-1968 DEGREE DIRECTOR NAME (Type) Professional Bldg.Fred.Md director, 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d. LOCATION (City or Town) (Stote) (County) edericir

250. REC'D BY REGISTRAR



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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death	de de la company	11	(1	ype or print) WILL	IAM CL	Arence	PINKETT		May Manth My	1968 15	7 1
No.	5-5	1	3. SE	X	4. RACE		S. DATE OF	FBIRTH	6. AGE (In years last birthday)	1F UNDER 1 YEAR	4 HRS.
5 1	TS OF S			Male		Negro	12-	15-1899	68 YRS.		
P I	Hours	78	7a. B	IRTHPLACE (Stote ar fareign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED X NEVER	MAKKIEU	NTY OF DEATH		
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=	completely filled in ave carban papers y event, within 72 h	11	10. C	ITY OR TOWN OF DEATH		<ol> <li>NAME OF HOSPITAL OR INStive street oddress)</li> </ol>	ITUTION (If not in hospite		PATION (Kind of work done orking life, even if retired.)	12b. KIND OF BUSINESS C INDUSTRY	)R
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ted	ve cark event,	10	admi	USUAL RESIDENCE (Where dissian) STATE	eceosed lived, if ins	Y		YES NO	13e. STREET AND NUMBER		
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9	and rem		14. 1	ATHER'S NAME First	Midd		115. MUTHERS	MAIDEN NAME First			
e P	ician lease and i		160	John WAS DECEASED EVER IN U.S		y Pinkett	O. 17. INFORMANT	Roberta	Maud e Address	Grigsby	
licat Today	physician nen please taval, and i	27	Υ	es, no or unknown) (If yes	give war or dates of service	218-34-4	1.3.017 +	- Dinkett	Rtl Mt.Ai		
ertii	signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, ar remaval, and in any						FTOLFOATE	PLINKOLL	ALL MEAL	APPROXIMATE INTERVA	II.
£	attending permit. The ian, ar rema			18. CAUSE OF DEATH (Ent. PART I. DEATH WAS C.	AUSED BY:	CEREBRAL	THROMB	000		6-8 hours	
dea	attendir permit. ian, ar re	97		1142 0 IMI	MEDIATE CAUSE (a) _		. III KOTE	101/7		6-8 hours	5
the	e a pe			Conditions, if any, which g		OR AS A CONSEQUENCE OF	A.	TERIOSCLE	00016	A DATE OF THE PARTY OF THE PART	
to .	y th insit	11/4		rise ta immediate cause	(a), (b)_	OENERAL  OR AS A CONSEQUENCE OF	1780 112	TERIOS G GET	((0)1)		
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quire phys	signed by the burial-transit burial, crema	101		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTI	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(o)		
law requires that the death certificate be executed within $2 \psi$ nding physician.	en s ne b ta b	301	2	332 x	500						
la s	ficate has been s far use as the t Health priar tab	-00	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PER	FORMED 20a. A	UTOPSY?	20b. IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING	
The	has se c	X	RTIFIC				YES		CAUSES OF DEATH?		
ä b	or u	,		210. ACCIDENT WAS UNDE  ☐ OR CONTRIBUTING ☐ CAUSE O		E OF INJURY .M. Month Day Year	21c. HOW INJURY	OCCURRED (Enter nature	of injury in Part 1 ar Port 2,	Item 18.)	
哥哥	Foo		MEDICAL	(If either, natify medical e	xaminer) P	.M. 19					
HAS Pos	this cert etached Dept. a	39)	M	21d. INJURY OCCURRED While Not while	21e. PLACE OF INJU	RY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	GRY.) 21f. LOCATION S	street or R.F.D. Na.	City or Town	County Sto	ate
<b>6</b> ₽	detide D			di wulk di wulk							
N A	Vfter the be de State	13		22a. I certify that	(this hospitol)	ottended the deceose	d from 5 /11	(my) (our) opinion d	to <u>&amp; / //</u> , 19 leoth occurred on the do	to and hour and from	) los
LEN ued	the			couses stated a	bove, (I) (we) (c	id) (did not) view the	ody after deoth.	(iii) (our) opinion o	eom occorred on the de	ne and noor and nor	11 1111
ATI	98 £	-10		22b. SIGNATURE	1		ATTE	MDING MED		DATE SIGNED	
be r	e 3 ed v			Kul	rand C	Ceynold	DEGREE PHYS		STAFF PHYS.	5/11/68	
TAL	Pog e fil	,		22d. PHYSICIAN'S NAME (Type)		D - 7.7	22e.	ADDRESS	Wanna Ama	masa wa	
TO HOSPITAL Page 4 may b	o FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the	1		VT		Reynolds			House Ave		
HC	Fu	0	23a.	DEMOVAL (Specify)	23b. DATE		EMETERY OR CREMATOR		LOCATION (City or Town)	(Caunty) (State)	
10	2	The same		FUNERAL DIRECTOR	5-16-68	ADDRESS	y Chapel	250. REC'D BY REGIS	Transfer of the field of the fi	SIGNATURE	
	VR A15 (- 30M REV. 1			.E. Hicks,	111 Fre			DATE MAY	1 5 1968 4	liarles Judg	الم
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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07054

Marles

Middle Lost 2o. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR requires that the death certificate be executed within 24 hours after death eral May Month (Type or print) Dorothy Rose Rakower 3. SFX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) August 18,1887 White Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Maryland papers. hin 72 h Frederick U. S. A. WIDOWED X DIVORCED [ completely filled in nove carbon paper within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) Frederick Carroll Street ond in ony event, 13c. CITY OR TOWN 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER 3d. INSIDE CITY LIMITS? admission) STATE 13h COUNTY rick YES T NO T 15 South Carroll Stre et Frederick remove 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Middle Debring Engelbrecht Ida John physicion a 16b. SOCIAL SECURITY NO. 17. INFORMANT Address rederick. Md. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na, or upknawn) signed by the ottending physi burial-tronsit permit. Then pl burial, cremation, or removol, Mrs. Audrey Maupin, 325 W. 7th. Street, 12 5354 ottending phy: nermit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY CARCINOMA 18 month DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the hospital or attending prior to the CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION SD CAUSES OF DEATH? YES 🗍 NO E detached for use TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street ar R.F.D. Na. State City or Town County While Nat while at work State 22a. I certify that (I) (this haspital) attended the deceased from 10 (1) (we) last saw the deceased alive an 12 (1) (1) (we) last from the O HOSPITAL OR ATTEND Page 4 moy be retained director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR May 2, 1968 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS 804 Toll House Ave, Frederick, Md. NAME (Type) Richard C. Reynolds, M. D. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL CREMATION (County) REMOVAL (Specify) May 6.1968 Mount Olivet Cemetery Frederick Frederick Frederick, Maryland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4)

DATE

Etchison & Son,

30M REV. 1/68

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

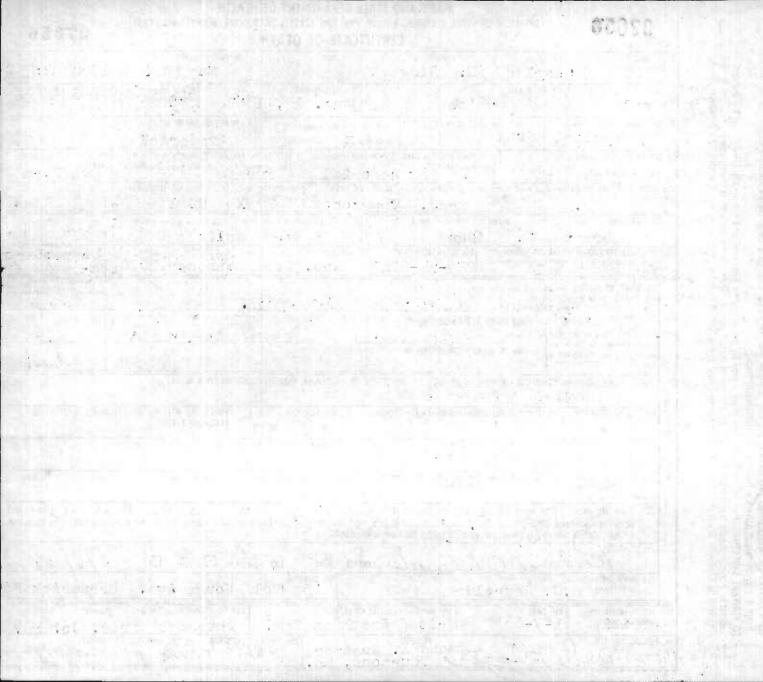
CERTIFICATE OF DEATH

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	CEASED-NAME	First		100	Middle	=1:17:	Last		2a. D	ATE OF D		D .	1	V		HOUR
(1)	ype or print)	ELLIE		VIR	GINIA	RE	MSBER	ì		M	Month	20	3	1968	1:3	30aM
3. SE)	X		4. RACE	9,50			S. DATE OF	8IRTH		-	6. AGE (In		IF UNDI	DER 1 YEAR	IF UNDER	24 HRS
	emale			White	3	100	July !	1886	)		last birth	YRS.		UNIS	nouks	min
7o. B	IRTHPLACE (Stote or	foreign	7b. CITIZEN	OF WHAT COL	JNTRY?	8. MARRIED	NEVER MA	ARRIED	9. COUN	NTY OF D	EATH					
V	irginia			S. A		WIDOWED	-	ORCED 🗌		Fre	deri	ck				Md
	ITY OR TOWN OF DE	ATH	Out of	11. NAME OF	HOSPITAL OR INST	TITUTION (If I	nat in haspital	12a. USU	IAL OCCUI	PATION (	Kind of w	ork dane	12b	. KIND OF DUSTRY	BUSINES	S OR
F	rederick			give street of	rick Mer	norial	. Hosp:	ital during m	usew	rife"	re, even it	retired.)	IND	JUSIKI		
	USUAL RESIDENCE (W	here decease				13c. CITY OF		13d. INSIDE CITY L			ET AND N	UMBER			3.7	
	ssion) STATE Mary Land			NTY lerick		Adams		YES 💂 N		Adma	st					
14. F		First	Mid		Last	1	S. MOTHER'S	MAIDEN NAME I				Middle	en -		Lost	
	Edwar			•	Fry			Sarah	l .				Sh	naefe	r	
	WAS DECEASED EVER es, no, or unknown)			16b. St	OCIAL SECURITY N		INFORMANT					Address				-
	No					Wa	alter I	Remsber	g,Ad	lamst	OWE,	Mary	ylan		WATE INTER	
	Canditians, if any, rise to immediate stating the underlibest.	couse (a),	(b)	OR AS A CO	INSEQUENCE OF		dise	tae'e	Cordy	estin	Je de	ulse	5	700	-	
	PART 2. OTHER SIGN		_		D DEATH BUT NO	T RELATED T	O THE TERMIN	AL DISEASE OR	CONDITIO	N GIVEN	IN PART 1	(a)				
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KTIFICA	190. DATE OF OPERAT			JR WHICH OPE	ERATION WAS PER		20a. AU	NO [		CAUSES C	ES, WERE I OF DEATH?				KIIFYIN	G
¥	21a. ACCIDENT WAS OR CONTRIBUTING C (If either, notify me	CAUSE OF DEATH	er) HOUR	P.M.	th Doy Yeor 19			CCURRED (Ente		af injury	in Part 1	ar Port 2,	Item 18	š.)		
	21d. INJURY OCCUR While Not while at work at work	RED 21e.	PLACE OF INJ	IURY ( AT HOM OFFICE	IE, FARM, STREET, FACT BUILDING, ETC.	ORY.) 21f. L	OCATION Str	eet ar R.F.D. No	0.	City o	r Town		Cour	nty	9	Stote
	22a. I certify to saw the do causes sta	eceased al	ive an	5-22	the decease at) view the b	968, an	d that in (	, 19_2 my) (aur) api	inian d	ta_ <u>\$</u> leath ac	curred o	3, 19 in the d	ate an	_, that d haur (	(I) (w and fro	e) last am the
	22b. SIGNATURE	But	vn	voit.		DEG			MED. DIRECTOR		STAFF PHYS.		DATE SI	IGNED 3,19	68	
	22d. PHYSICIAN'S NAME (Type)	Rex I	R. Mar	tin, 1	M. D.		22e. Al 220	DRESS D N. Ma:	rket	St.	Fre	deri	ck,	Mary	lan	d
23a.	BURIAL, CREMATION, REMOVAL (Specify)	Mag	y 27,	1968	23c. NAME OF C	Olivet	Cemet	ery	Fr	eder		Fre	eder		(Stote	,
24. I	FUNERAL DIRECTOR	all or	-1 00	8	ADDRESS :	1.0	. 0	2So REC'D F	BY REGIST	TRAR	2Sb. R	EGISTRAR"	S SIGNAT	TURE	de	14.
	M. R. E	tchise	n & S	on Th	lamahan	1100	Tra fra	DATE MA	12	( 13	00	1		1	0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foneral director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the Stote Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 hours after deathy TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Poge 4 may be retained by the hospital or attending physician. VR A15 M 30M REV. 128

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signed by the attending physician and campletely burial-transit permit. Then please remove carbar

death.

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			DIVISION	OF VITAL RECORDS,	301 W.	PRESTON ST	REET, BALTI	IMORE, MAI	RYLAND 21201			
		07051			CERTIF	ICATE OF	DEATH			-07	057	
		CEASED-NAME	First	Middle		Lost		2o. DATE OF		1.2.2.1	2b. HOUR	
	(1	ype or print) Adah		Elizabeth		Sell		Ma	Month Doy 20	1968		
	3. SE	Χ	4. RACE			S. DATE OF E	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
H		Female		White	96	Nov.	last birthdoy)	MONTHS DAYS	HOURS MIN.			
		BIRTHPLACE (Stote or foreig	n 7b. CITIZEN O	F WHAT COUNTRY?	8. MARRIE	D NEVER MA	DEATH					
d	cour	Maryland U. S. A. WIDOWED DIVORCED Frederick								M		
30	10. 0	ITY OR TOWN OF DEATH	TITUTION	not in hospitol	(Kind of work done							
16		Frederick	3467	give street address) Fred Md. Odd Fell		Home	auring m	lousewil.	life, even if retired.)	INDUSTRY		
,	13o.	3o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before				OR TOWN	REET AND NUMBER					
6	Ount	waryland Carroll Westminster YES NO 317 Stoner A						7 Stoner Av	re.			
7	14. F	14. FATHER'S NAME First Middle Lost				IS. MOTHER'S A	AIDEN NAME F	irst	Middle		Lost	
		Augustus	P.	Bankert			Anna	Ca	atherine	Bro	wn	
		WAS DECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL SECURITY N		. INFORMANT			Address	-		
	1	es, no, or unknown) (If y	es give wai oi dales di selvic	" 213 18756	l Jl	Md. Odd	Fell.ow	rs Recor	rds.Frederi			
				er line for (o), (b), ond (c).	)	1 -1	_	1 X .	*		MATE INTERVAL INSET AND GEATH	
		PART I. DEATH WAS	(AUSED BY: AMEDIATE CAUSE (0) .	Holles in -	Sa	erotu	2 60	1.100	1easy	100	Vars.	
		4129		OR AS A CONSEQUENCE OF								
		Conditions, if ony, which	gove)									
		rise to immediate couse stating the underlying o		OR AS A CONSEQUENCE OF								
		last.	(c)						12 202			
	13	PART 2. OTHER SIGNIFICAL	NT CONDUTIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED	TO THE JERMIN	AL DISEASE ORC	ONDITION GIVE	N IN PART 1(o)			
	N.	4221 M	1 uttible	decube	tus	ule	ero.					
	CATIC	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDING CAUSES OF DEATH?							ONSIDERED IN CE	RTIFYING		
X	RTIFI	# YES   NO										
	1 144	POLO ACCIDENT WAR HIND	EDIVING INTL TIA	AT OF INTHIDY	01.	HOW INHIBY OF	CHIDDED /F-A	A I	D 1 D 0 1	A 1D )		

OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)

HOUR A.M. P.M.

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

While Not while of work

( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY

City or Town County

22a. I certify that (I) (this haspital) attended the deceased from 1967, ta 11/1/1969, 1968, that (I) (we) last saw the deceased alive on 1968, and that in (my) (aur) apinian death accorded an the date and hour and from the causes stoted above, (I) (we) (did) (did, not) view the bady after death.

22b. SIGNATURE

ATTENDING PHYS. DEGREE

MED. DIRECTOR

22c. DATE SIGNED STAFF PHYS. May 22, 1968

22d. PHYSICIAN'S NAME (Type)

Dr. Bernard O.Thomas 22e. ADDRESS

N. Market St. Frederick, Md.

23o. BURIAL, CREMATION B1 REMOVAL (Specify)

1968

23c. NAME OF CEMETERY OR CREMATORY Kreider Cemetery

23d. LOCATION (City or Town) Westminster

(County) (Stote) Carroll Md.

Stote

24. FUNERAL DIRECTOR

ADDRESS Taneytown, Maryland 2So. REC'D BY REGISTRAR DATE

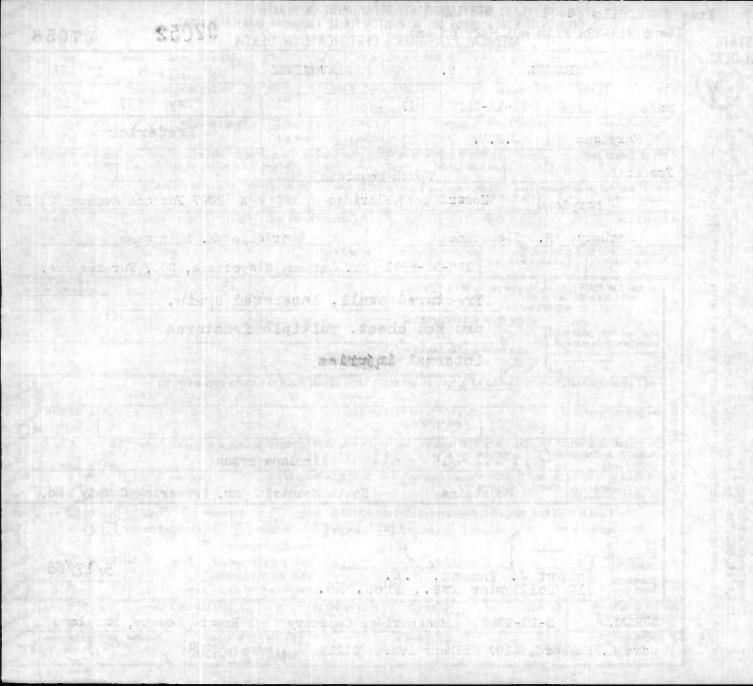
25b. REGISTRAR'S SIGNATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau<u>s after</u> director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbaid Shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, wit Page 4 may be retained by the haspital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been JOM REV

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5/31 MARYLAND STATE DEPARTMENT OF HEALTH

Item # 2a film #6401



**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages V and 2 shauld be filed with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours after death.

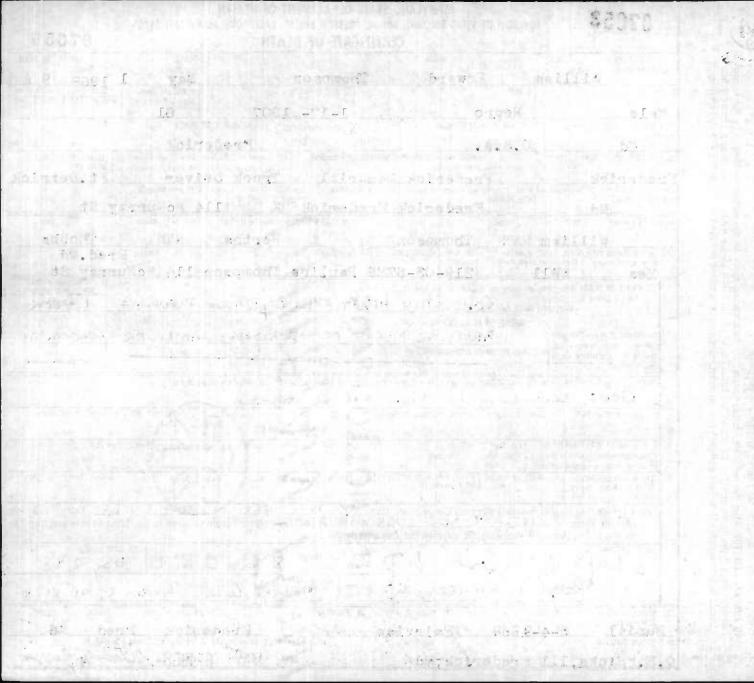
**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

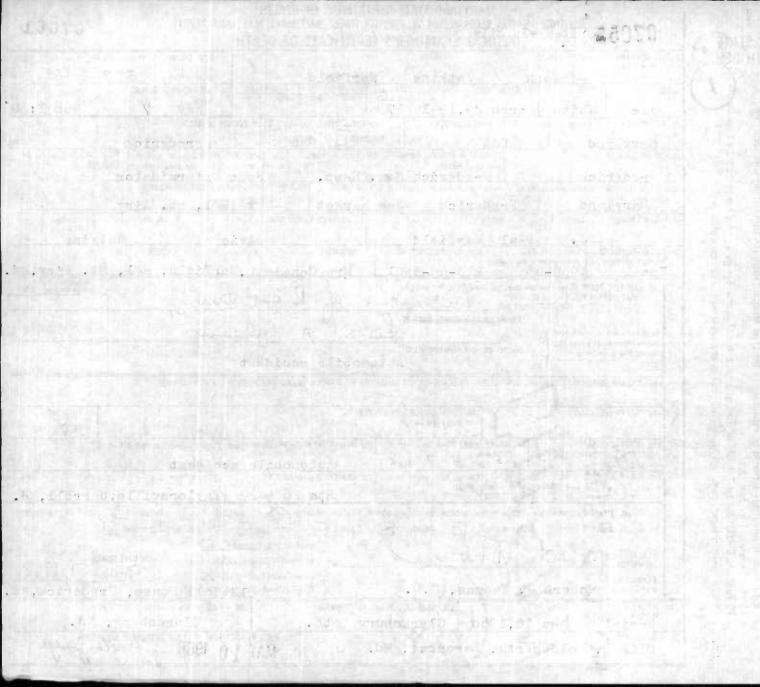
CERTIFICATE OF DEATH

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2.0	1		ECEASED-NAME	First		Middle	1137	Lost		2o. DATE C				2b. HOUR
e a		(	Ype or print)	Willia	22	Edward	- m	hompson	2		Month	Day	Yeor	Q A M
525	/	3. SI	Y	11 7 7 7 7 4	4. RACE	Edwarra		S. DATE OF BIR			6. AGE (In year	ors II	1968 UNDER 1 YEAR	IF UNDER 24 HRS.
es off		3. 3	.^								lost birthdoy	) MC	ONTHS OAYS	HOURS MIN.
th ago			ale		Negr	WHAT COUNTRY?		1-17-	1907		61	YRS.		
DO DO			BIRTHPLACE (Sto	te or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIEL	NEVER MARR	IED	9. COUNTY O	F DEATH			
ers.		COU	ntry) Md		U.S.A	1	WIDOWE			Frede	mick			Md.
led in 7		10. (	ITY OR TOWN (	DE DEATH		NAME OF HOSPITAL OR INS	TITUTION (If	not in hospital			N (Kind of work	done	12b. KIND OF	
= ==	14				giv	re street oddress)			during m	ost of workin	g life, even if ret		INDUSTRY	
, v ba	67		ederi			rederick				ick Dr	iver		F't.De	trick
cal			USUAL RESIDEN ission) STATE	CE (Where deceose	d lived, it insti-	tution: Residence before			3d. INSIDE CITY L	0 [ ]	TREET AND NUME			
ev ev	10	Odiii		Md	13b. COUNT	Frederick	Fre	derick	AF2 X M	رر 🗆	4 McMu	rray	St	
by the attending physician and completely tilled in by the funeral Iransit permit. Then please remave carban papers. Pages Fand 2 crematian, ar remaval, and in any event, within 72 hours after d <u>eath</u>	1	14.	FATHER'S NAME	First	Middle	Lost		15. MOTHER'S MAI	DEN NAME F	First	Mic	ddle		Lost
an in			1	William	NTW/NT	Thompson	,		Rev	tha	NMN		Thol	nhe.
ase		160		EVER IN U.S. ARM		116b. SOCIAL SECURITY I		INFORMANT	Del	UIIAL		rocc Tile	red Mo	
ple /			es, no, or unkno	wn) (If yes give wo	r or dates of service)				Comp		Nuo.	ress I I	.ea . Mc	l .
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四十二						line for (o), (b), ond (c).	)						BETWEEN OF	VSET AND DEATH
B + "			PART I. C	EATH WAS CAUSED	BY:	Congestive	HEA	RT FAIL	UREIT	BRONCHO	PNEUHO	NIA	Iw	eek
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re ra			stoting the u	nderlying couse	DUE TO, O	R AS A CONSEQUENCE OF								
al-ia			lost! 7 5 7	)	(c)_									
signed by the burial-transit burial, cremati		3	PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE OR	CONDITION GIV	EN IN PART 1(o)			
d b		_	Go	UT. Sec	und au	y to chro	uic	renal	di se	926				
After this certificate has been s I be detached far use as the b State Dept. af Health prior ta b		CERTIFICATION	19o. DATE OF O			WHICH OPERATION WAS PE		20o. AUTOP			IF YES, WERE FINE	DINGS CON	SIDERED IN CE	RTIFYING
as a	. ,	FIG						YES 🔀	NO [	CAUS	ES OF DEATH?			
e h	/	ERTI	DI- ACCIDENT	WAS UNDERLYING	2 031 71445	OF MUNICIPAL	101					0 10 1	10.1	
da da He				NG CAUSE OF OEATH		OF INJURY 4. Month Doy Yeor	216.	HOW INJURY OCCU	JKKED (Ente	r noture of in	ury in Port 1 or 1	POTT Z, ITE	n 16.j	
100		MEDICAL		fy medical examin	er) P./	M. 19								
pt che		Z	21d. INJURY C	CCURRED 21e.	PLACE OF INJUR	Y (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f.	LOCATION Street	or R.F.D. No	. Cit	y or Town		County	State
this eta De			While No	work		COTTLE BOILDING, ETC.								
Atter this certifi be detached 1 State Dept. af			22a L certi	fy that (1) (this	haspital) a	ttended the decease	d fram	APR 18	196	S to	MAY	196	& that	(1) (w/s) Inst
d b			saw th	e deceased al	ve an A	PR. 30	968.0	nd that in (my	) (our) api	inion death	accurred an i	the date	and haur	and from the
<b>≈</b> 5 €		6	causes	stated abave	(1) (we) (di	d) (did nat) view the	bady afte	death.	/ (/					
ECTOR: / 3 shauld with the		7	22b. SIGNATUR			101						22c. DA	TE SIGNED	
£ 3 €		-		all 1		the Mi	DE DE	GREE PHYS.		MED. DIRECTOR	STAFF PHYS.	L	ay 2,	68
a ege			22d. PHYSICIA	2,1	1001	) )	J . 02.	22e. ADDR		JIKECTOK -	riiis.	1-1-0	94 -1	-0
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O FUNERAL DIRE director, page 3 shauld be filed w	1						-		Cont Cont	`				
	20		BURIAL, CREMA		ATE	23c. NAME OF	CEMETERY O	R CREMATORY		23d. LOCA1	TON (City or Tow	n)	(County)	(Stote)
o = ≥	The		REMOVAL (Spe	5-4	-1968	Fairy	iew			Frede	erick	Fre		Md
VR A15	Ho		FUNERAL DIRECT			ADDRESS			2So. REC'D E	BY REGISTRAR	25b. REGI			
30M REV.	1/68	C	E. H1	cke 111	Fred	erick, Md			DATE A	MAY F	1968	gelu	enles !	udge
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10M REV, 1/68



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07060
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-					EKITICA	IE OF DE	AIII				0 1	, , ,
1.	DECEASED-NAME	Firs	t .	Middle		Lost	2a.	DATE OF DEA	TH Month D		Vane	2b. HOUR
	(Type ar print)	J	ohn	David	Trou	t	Ma	ly	Month 12 D	196		7:30 M
3.	SEX		4. RACE		S.	DATE OF BIRTH			AGE (In years st_birthday)	MONTHS	DAYS DAYS	HOURS MIN.
	Male		Whi:			-	21- 189		13 YRS			
	BIRTHPLACE (Storontry)		7b. CITIZEN OF WHAT		8. MARRIED			Freder				
-		d.	U.S.		WIDOWED	DIVORCED				106	VIND OF D	Md
	. CITY OR TOWN O	.ck	give street		cet St.		120. USUAL OCC during most of Retire	working life	aven if retired.		ISTRY	USINESS OR
	o. USUAL RESIDEN mission) STATE	CE (Where deced Md.	13b. COUNTY F	Residence before rederick	13c. CITY OR TO Freder:		INSIDE CITY LIMITS?		AND NUMBER N. Mark	et St		
14	. FATHER'S NAME	First	Middle	Last	15. A	OTHER'S MAIDE			Middle			Lost
		Samue	c. C.	Trout			Lau	ra	R.		Bieł	
16	So. WAS DECEASED Yes, ng, ar unkno		1. 1. 1.	b. SOCIAL SECURITY N		RMANT	. a D	J	Address	reas	Mor	Md.
L	No		2	14-10-300	06 Mrs	Nanni	e G. Du	arear .	Trout-1.	)U 1/4		ATE INTERVAL
		DEATH (Enter of	inly ane cause per line		0 0-	0,				1		SET AND DEATH
-	PAKI I. D		PIATE CAUSE (a)	ronar	400	celle	ron			//	un	Wells
	410	9		CONSEQUENCE OF	1 217	24	11000	1		1	21 10	2 60 1
		ony, which gove liate cause (a),	(b)	oronas	y are	ery	desea	20		6	1 JK	uso
L		derlying couse		CONSEQUENCE OF		1				1		
Н	_	CICAUCICANT CO	ONDITIONS CONTRIBUTING	C TO DEATH BUT NO	T DELATED TO T	IE TERMINIAL DI	CEASE OR CONDIT	ION CIVEN IN	DART 1/a)			
	A )	SIGNIFICANI CO	DINDITIONS CONTRIBUTION	3 TO DEATH BUT INC	I KELATED TO I	TE TERMINAL DI	STASE OF COMPIL	ION GIVEN IN	raki i(u)			
FICATION	19a. DATE OF O	PERATION 198	o. CONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPSY	? NO [X]	20b. IF YES, CAUSES OF	WERE FINDINGS DEATH?	CONSIDER	ED IN CER	RTIFYING
		WAS UNDERLY	ATH HOUR A.M. A	JURY Nonth Doy Year	21c. HOW		RED (Enter natu	re of injury in	Port 1 or Port 2	, Item 18.	)	
MAPPI	OR CONTRIBUTION OF CONTRIBUTIO	ry medical exan		HOME, FARM, STREET, FAC		TION Street or	RED No	City or T	own	Count	hv	State
	While Na	while	OFF	FICE BUILDING, ETC.	7 111. 100	311001 01	K.I.D. 110.	city of t			7	
	22a   certi	fy that (1) (t	his hospital) attend	led the decease	d fram	1/8	1963	to 5	1/2 1	968	, that	(I) (we) las
	sow the	e deceased stated above	his hospitol) ottend olive on ve, (I) (we) (did) (di	d nat) view the	9 <i>67</i> , and toady after de	hất in (my) ( 1th.	(aur) apinian	death accu	fred on the	late and	l hour a	nd fram the
L	22h, SIGNATUR	E	D-P.			ATTENDING	MED.		AFF 22	. DATE SIG	ENED	49
	HE	mes	112. 110	mor.	DEGREE	PHYS.	DIRECTO	OR L PI	iys. 🔲 🔤	ay 1	ラーエン	00
	22d. PHYSICIAI NAME (Ty	pe) Dr.	James B. T	homas		Prof.	Bldg.,	Frede	rick, M	aryla	and i	21701
2:	BO. BURIAL/CREMA	TION, 23b	. DATE	23c. NAME OF	EMETERY OR CE	EMATORY	23d	. LOCATION (	City or Tawn)	(Cour	ity)	(State)
	REMOVALISPE	ify) M	ay 15-1968		ivet Ce		F	rederi	ck- Mar			701
2	4. FUNERAL DIREC	tchison	next T	ADDRESS	Hutme	20 25	o. RECIDABY REG	ISTRAR	25b. REGISTRAF	'S SIGNATI	URE	

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Yes na, or unknown)

(If yes give war ar dates af service)

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3 1 2 5 2			CERTIFICATE OF DEATH		0.7	80%
1. DECEASED-NAME (Type ar print)	First Middle MYRTLE TOWNSLEY		Lost WENTWORT H	2a. DATE OF DEATH Month 5 Do	17 Year 6	8 1/ 39
3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNOER 1 YEAR	IF UNDER 24 HR
Femal	e	White	April 8, 190	of last birthday) yrs.	MONTHS DAYS	HOURS
7o. BIRTHPLACE (Stote country)	e or fareign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH		

country)			714 (111120	_	the same of					
Pa.	U. S.	A.	MIDOMED 2	DIVO	RCED		Frederi	.ck		VALUE TO
10. CITY OR TOWN OF DEATH		ME OF HOSPITAL OR INS					UPATION (Kind			b. KIND OF BUSINESS OF
Frederick	rive st	derick Mer	norial	Hospi	tal during	erre:	working life, e	ven if retired.)	1	Banking
13o. USUAL RESIDENCE (Where deceosed			13c. CITY OR 1	OWN	13d. INSIDE CIT	Y LIMITS?	13e. STREET A	ND NUMBER		
odmission) STATE Maryland	Frederi	.ck	Freder	ick	YES	NO 🗌	100 Ea	st Chu	rch	Street
14. FATHER'S NAME First	Middle	Last	15.	MOTHER'S A	AAIDEN NAMI	First		Middle		Last
William	R.	Townsle	- W		Eva	a		L.		Gilbert
14 MAR DECEMEN THEN IN U.C. ADME	D CODCECO	THE COCIAL CECURITY A	117 161	TABLEDAT				A 1.1		

18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED B		APPROXIMATE INTERVAL BETWEEN QUSET AND DEA
Canditians, if any, which gove rise to immediate couse (a),	(b) a troscleratio cardio rascolar absense	3 years
stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	

Marianne Wentworth, Old Greenwich, Conn.

State

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

AT I	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORME	D	20o. AUTOPSY?		20b. IF YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
FF	In the second		et.	YES 🗀	NO IX	CAUSES OF DEATH?		
CERT	21a. ACCIDENT WAS UNDE	RLYING 21b. TIME OF INJURY	1c. HOW	INJURY OCCURRED	(Enter nature	e of injury in Part 1 ar Port 2	, Item 18.)	

DICAL	OR CONTRIBUTING CAUSE OF	.M. Manth .M.	Doy Year 19				
	21d. INJURY OCCURRED			21f. LOCATION	Street or R.F.D. Na.	City or Town	Caunty

While Nat while at wark 22a | certify that (1) (this bosnital) attended the deceased from

saw the deceased alive causes stated abave, (I)	an may 17 (we) (did) (did not) v	iew the bad	y after death.	aur) apinian d	death accur <b>l</b> ed	an th	ne date and havr and fram the
22b. SIGNATURE	-6)	₹	ATTENDING	MED.	STAFF		22c. DATE SIGNED

J	Mil	100y	1 / ara	DEGREE	PHYS.	ua	DIRECTOR		PHYS.	110	4/////
1	22d. PHYSTCIAN'S	N			22e. ADDRESS					(	1
-	NAME (Type)	Le Roy T	. Davis, M. D.		228 N.	M.	rket	St.	Frede	rick,	Marylan
_							*				

Ł	(ANDE (Albe)	Le Roy I. Dav	IS, M. D.	220 N.	Marke	. JC J:	rreder	rick, Mar	vlan
2	30. BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETERY	OR CREMATORY	23	d. LOCATION	(City ar Tawn)	(County)	(Sta
н	TREMOVAL (Specify)	May 21, 1968	Mount Olive	t. Cometerw		Frada	nick	Fradanale	3.5

ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Etchison & Son, Frederick, Maryland DATE MAY

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbat should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, w

30M REV. 1/68

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

87057

CERTIFICATE OF DEATH

07063

- 1		
	(1	eceased-Name John Maurice Wetzel May Manth 16 Day 1968 25. Hour ype ar print)
	3. SE.	S. DATE OF BIRTH  S. DATE OF B
		SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARDIED TO NEVED MARDIED 9. COUNTY OF DEATH
	caun	MARYLAND 1) S. WIDOWED DIVORCED DIVORCED Md.
,	10. C	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.)
	130	USUAL RESIDENCE (Where deceased lived, if-institution: Residence before 13c, CITY OR JOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER
6		SSIGN) STATE (136 COUNTY PROLL (VIOLADELOGYES) NO 10 MALLY ST
7	14. F	ATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last
N	1/-	WIS DECISED DIED IN ILL SOCIAL SCIENTING IT HISTORIAN
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address UNION 18. FLIZ (4-BETH B WETTEL BELDGEN)
		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
7		IMMEDIATE CAUSE (0) across pulsarions donne of the
		Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave
		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
-6		lost. 4200 (t)
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)
	ATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b of YES, WERE FINDINGS CONSIDERED IN CERTIFYING
X	CERTIFICATION	YES NO CAŬSES OF DEATH?
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	MEDICAL	(If either, natify medical examiner) P.M. 19
	~	21d. INJURY OCCURRED While Not while at work Not work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.  21f. LOCATION Street or R.F.D. No. City or Town County State
		220. I certify that (I) (this hospital) attended the deceased frame (1) (764, 19 , to May 6, 1968, that (I) (we) lost
		saw the deceased alive on Many 61968 and that in (my) (our) apinian death occurred on the date and hour and from the couses stated above, (1), (we) (did) (did not) view the body after death.
Ì		22b. SIGNATURE ATTENDING A MED. STAFF 22c. DATE SIGNED
		122d PHYSICIAN'S 121 Chane M DEGREE PHYS. DIRECTOR PHYS. 5/16/68
1		NAME (Type) Henry V. Chase 804 Toll House, Frederick Md
7	23a.	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d TOCATION (City or Town) (County) (State)
	24	FÜNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI
	1/1	MILL That he was been been the way 20 1968 general states

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pages. Pages I and shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72-hayrs, after deatheath. Page 4 may be retained by the haspital or attending physician.

Pages 1 and 2 urs offer death.

VR A15 (4) 30M REV. 1/68

John Mawree Hetzick Hay 16 198 34 acute juliumy string strip . ather wint plant have Heren Chrome Similite, Perlinny inglyman may 16 after 1904 miles Then I Chare MB X S/16/68 Henry V. Chase 804 Toll House Frederick Int 

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	pay	12	C	4
J	-	13	V	12

				CL	KIIIICA	IL OF DEATH					
	DECEASED-NAME	First		Middle		Last	2a. DATE OF		V	2b. HOL	JR A
1	(Type ar print)	LUC	Z	V.	WII	LIAMS		Mapth 13	- 68	4:3	5M
3. S	Female		4. RACE Colo		2	DATE OF BIRTH OV. 25, 186	57	6. AGE (In years last birthday)	IF UNDER I YEAR MONTHS DAYS	HOURS /	HRS. MIN.
	BIRTHPLACE (State of	r fareign	7b. CITIZEN OF WH	AT COUNTRY? 8.	MARRIED [	NEVER MARRIED	9. COUNTY OF	DEATH		-1	
cau	Maryl	and	U.S.	A	WIDOWED 🔀	DIVORCED _	F	rederick	,		Md.
1	Frederi		11. NA	ME OF HOSPITAL OR INSTITUTE TREE LODGE SELECTION M	UTION (If not emori	in haspital 12a. USI al Hosp.	JAL OCCUPATION mast of working HOU	(Kind af wark dane life, even if petired.) .Sewife	12b. KIND O INDUSTRY	F BUSINESS OR	
13a	i. USUAL RESIDENCE ( nissian) STATE M	Where decease arylai	d lived, if instituti	an: Residence befare 113 Carroll M	t. CITY OR TO	OWN 13d. INSIDE CITY	LIMITS? 13e. STF	REET AND NUMBER			
2 14.	FATHER'S NAME	First ohn	Middle	Ryan	15. /	OTHER'S MAIDEN NAME I	First	Middle	?	Last	
160	a. WAS DECEASED EVI Yes, no. or unknown)	R IN U.S. ARMI (If yes give wa	D FORCES? r or dates of service)	16b. SOCIAL SECURITY NO.	1	ormant S. Mabel V	William	Address 1S Mt. A	iry,	Md.	
	Canditians, if any rise to immediat stating the unde last.	which gave ) e cause (a), elying cause	DUE TO, OR A  (b)  DUE TO, OR A  (c)	S A CONSEQUENCE OF	h c						
	1120		DITIONS CONTRIBU	TING TO DEATH BUT NOT I	RELATED TO 1	HE TERMINAL DISEASE OR	CONDITION GIVEN	I IN PART 1(a)			
CERTIFICATION	19a. DATE OF OPERA		ONDITION FOR WH	ICH OPERATION WAS PERFO	RMED	20a. AUTOPSY? YES NO	CALISES	YES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN	CERTIFYING	
MEDICAL CER		CAUSE OF DEATH	HOUR A.M.	INJURY Manth Day Year 19	21c. HOW	INJURY OCCURRED (Ent	er nature af injur	y in Part 1 ar Part 2, I	Item 1B.)		
ME	While Nat what wark at wark	RRED 21e. 1	PLACE OF INJURY	AT HOME, FARM, STREET, FACTOR' OFFICE BUILDING, ETC.		1.1.		ar Tawn	Caunty	State	-
	saw the	deceased ali	ve an	ended the deceased 19 (did nat) view the bac	, and	hat i <del>m (my) (our)</del> as	ک, taک pinian death o	ccurred an the da		t (I) ( <del>we</del> ) r and fram	last the
	22b. SIGNATURE	. aus	teni Pe	rane. J.	DEGREE	PHYS.	MED. DIRECTOR	CTACC	DATE SIGNED	68	
1	22d. PHYSICIAN'S NAME (Type)	Dr.	A. Aust	in Pearre	-		erick,	Maryland	1		
230	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. D	ATE 17/1968			Cemetery		N (City or Town) Carro		(State) Md •	
24. C	FUNERAL DIRECTOR			Sykesville	e, Md	25g. REQU	BY REGISTRAR	1968 REGISTRAP'S	SIGNATURE	mage	

DATE

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24-170 Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pages shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72 VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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3-1)1	07059
4 hours ofter death. d in by me uneral sers. Peacs 1 And 2 72 hours after death.	1. DECEASED-NAME (Type or print)   3. SEX
d in by 72 hour	7a. BIRTHPLACE (State or cauntry)   D

**TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physicion ond completely filled director, page 3 should be detoched for use os the burial-transit permit. Then pleose remove corbon popers should be filed with the Stote Dept. of Health prior to buriol, cremotion, ar removol, ond in ony event, within Page 4 moy be retained by the hospitol or attending physician.

VR A15 W/ 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	11(0)3		CERTIFICATE OF DEATH		0.10.00
	ECEASED-NAME Type or print)  EDIT		+ Wills	20. DATE OF DEATH  Manth 26 E	/ 4 "
3. SI	F	4. RACE WHITE	5. DATE OF BIRTH 3 - 7 - 8 o	0 7	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. S.
7a. cau	BIRTHPLACE (State or fareign ntry) D	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	FREDERICK	Md.
F	REDERICE	11. NAME OF HOSPITAL OR IN give street oddress)  FREDERICK OF	DEMORIAL during ma	L OCCUPATION (Kind of work done st of warking life, even if retired. YONEEWIFE	
adm	issian) STATE M D	ised lived, if institution: Residence before 13b. COUNTY FRED ERIDA	FREDERICK YES NO	1615 Ros	EMONT AVE
160	FATHER'S NAME First  WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (If yes give	MED FORCES? wor or dates of service)  MED FORCES? Wor or dates of service)	/	Middle  Address	HOLBRUNNES
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF	non an emboli	SHAKT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	190. DATE OF OPERATION 196 5/24/68	condition for which operation was per	YES NO NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
EDICAL CE	210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exam	HOUR A.M. Month Day Yeor P.M.	9	nature of injury in Part 1 or Part :	2, Item 18.)
MI	While Nat while 22a. I certify that (I) (the saw the deceased of	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. nis hospital) attended the decease alive an e, (I) (we) (did) (did nat) view the	ed fram 5/22/68, 19_ 9, and that in (my) (por) apir	City or Tawn  , ta 3/26/63, 1 nian death accurred an the	
	22d. PHYSICIAN'S NAME (Type)	Witin Peanes	22e. ADDRESS		c. DATE SIGNED 5/26/68
	REMOVAL (Specify)	5/28/68 MT	CEMETERY OR CREMATORY  HOPE CEMETE		
44.	FUNERAL DIRECTOR	ADDRESS ADDRESS	2Sa. REC'D BY	KEGISTKAK ZOD. KEGISTKA	R'S SIGNATURE

DATE MAY 29

CESS